

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90112 027 ****61.25

DOCUMENT # N33187

1. Entity Name
**LAKE SIDE COMMONS OFFICE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**7400 SW 50TH TERRACE
SUITE 205
MIAMI, FL 33155-4481**

Mailing Address
**7400 SW 50TH TERRACE
SUITE 205
MIAMI, FL 33155-4481**

50026124



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

City & State

02172005 Chg-NP CR2E037 (10/03)

Zip

Country

Zip

Country

4. FEI Number
65-0210536

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEIVA, ROLANDO E.
7400 SW 50TH TERRACE
SUITE 302
MIAMI, FL 33155-4481**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LEIVA, ROLANDO E
7400 SW 50 TERR, SUITE 302
MIAMI, FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7400 SW. 50 Terrace, Suite 201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MARTINO, EDWARD
7400 SW 50TH TERRACE
MIAMI, FL 331554481** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7400 S.W. 50 Terrace, Suite 201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAMERO, GEORGE
7400 SW 50 TERR, SUITE 302
MIAMI, FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7400 S.W. 50 Terrace, Suite 201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GALLAGHER, BOB
7400 SW 50 TERR, SUITE 302
MIAMI, FL 33155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7400 SW. 50 Terrace, Suite 201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 3/14/05

[Signature] 305 663 1140