

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90191 021 ****61.25

DOCUMENT # N33187

1. Entity Name
**LAKESIDE COMMONS OFFICE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**7400 SW 50TH TERRACE
STE 201
MIAMI, FL 33155-4481**

Mailing Address
**7400 SW 50TH TERRACE
STE 201
MIAMI, FL 33155-4481**

50001556



02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0210536

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LEIVA, ROLANDO E
STREET ADDRESS	7400 SW 50 TERR STE 201 STE 302
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	VD
NAME	MARTINO, EDWARD GIL GODFREY
STREET ADDRESS	7400 SW 50 TERR STE 201 STE 205
CITY - ST - ZIP	MIAMI, FL 331554481
TITLE	D
NAME	CAMERO, GEORGE
STREET ADDRESS	7400 SW 50 TERR STE 201 STE 204
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	PD
NAME	GALLAGHER, BOB GALLAGHER, BOB
STREET ADDRESS	7400 SW 50 TERR STE 201
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X) 2/24/6 (X) 305 663-1140
Date Daytime Phone #