

DOCUMENT # N33988

1. Entity Name

LAKESIDE COMMERCIAL PARK WAREHOUSEOWNERS' ASSOCI

Principal Place of Business

Mailing Address

3041 N.E. 42ND ST.  
FT. LAUDERDALE FL 33308

3041 N.E. 42ND ST.  
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0176792

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

Name

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

City

FL

Zip Code

GROSSO, VINCENT C.  
3041 NE 42 ST  
FT LAUDERDALE FL 33308

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME  
PD  
GROSSO, VINCENT C.  
STREET ADDRESS  
3041 N.E. 42ND ST  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition

NAME  
GROSSO, VINCENT C.  
STREET ADDRESS  
3041 N.E. 42ND ST  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ Delete

NAME  
VTD  
GROSSO, CARMEN V.  
STREET ADDRESS  
3041 N.E. 42ND ST  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition

NAME  
GROSSO, CARMEN V.  
STREET ADDRESS  
3041 N.E. 42ND ST  
CITY-ST-ZIP  
FT. LAUDERDALE FL

TITLE ☐ Delete

NAME  
SD  
GROSSO, CARMEN V  
STREET ADDRESS  
3041 NE 42 ST  
CITY-ST-ZIP  
FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition

NAME  
GROSSO, CARMEN V  
STREET ADDRESS  
3041 NE 42 ST  
CITY-ST-ZIP  
FT LAUDERDALE FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 08, 2001 8:00 am  
Secretary of State

01-08-2001 90023 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)