Officer/Director Detail :			
Title	VP	Title	PRESIDENT
Name	SILVA, TOMAS A	Name	REED, LISA
Address	5715 SE MILES GRANT RD	Address	5755 SE MILES GRANT RD
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	TREASURER	Title	LIAISON
Name	CAIAZZA, MARIE	Name	DOWD, TIM
Address	5761 SE MILES GRANT RD	Address	5761 SE MILES GRANT RD
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997
Title	SECRETARY		
Name	FOISY, TONI		
Address	5650 SE MILES GRANT RD		
City-State-Zip:	STUART FL 34997		

SIGNATURE: TOMAS A SILVA

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SILVA, TOMAS A 5761 SE MILES GRANT RD. STUART, FL 34997 US

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: LAKESIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5761 SE MILES GRANT RD STUART, FL 34997

DOCUMENT# 742240

Current Mailing Address:

5761 SE MILES GRANT RD STUART, FL 34997 US

FEI Number: 59-2039316

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 hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA A GALLIVAN REED

TREASURER

01/13/2020

Electronic Signature of Signing Officer/Director Detail

FILED Jan 13, 2020 Secretary of State 6216824535CC

01/13/2020 Date

Certificate of Status Desired: No

Date