

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002226

FILED
Apr 18, 2024
Secretary of State
7314788085CC

Entity Name: LAKESIDE VILLAGE OF DAVIE PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323

Current Mailing Address:

C/O MIAMI MANAGEMENT, INC.
1145 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323 US

FEI Number: 30-0300433

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
C-207
FORT LAUDERDALE, FL 33312 US

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: CHARLES F. OTTO, ESQ.

04/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name VAUGHN, CASSANDRA
Address C/O MIAMI MANAGEMENT, INC.
 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title VP
Name HOLLOWAY, WINFRED
Address C/O MIAMI MANAGEMENT, INC.
 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title TREASURER
Name CHIARELLI, CHRISTIAN
Address C/O MIAMI MANAGEMENT, INC.
 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name CECCHERINI, PATTI
Address C/O MIAMI MANAGEMENT, INC.
 1145 SAWGRASS CORPORATE PKWY

City-State-Zip: SUNRISE FL 33323

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: VAUGHN , CASSANDRA

PRESIDENT

04/18/2024

Electronic Signature of Signing Officer/Director Detail

Date