

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002226

**FILED**  
**Jan 29, 2016**  
**Secretary of State**  
**CC8057081209**

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

**Current Principal Place of Business:**

NEXTGEN MANAGEMENT, LLC  
15951 SW 41ST STREET STE 300  
DAVIE, FL 33331

**Current Mailing Address:**

NEXTGEN MANAGEMENT, LLC  
15951 SW 41ST STREET STE 300  
DAVIE, FL 33331 US

**FEI Number: 30-0300433**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DICKER, KRIVOK & STOLOFF  
1818 AUSTRALIAN AVE. SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name VAUGHN, CASSANDRA  
Address NEXTGEN MANAGEMENT, LLC  
15951 SW 41ST STREET STE 300  
City-State-Zip: DAVIE FL 33331

Title D  
Name KLEMOW, JORDAN  
Address NEXTGEN MANAGEMENT, LLC  
15951 SW 41ST STREET STE 300  
City-State-Zip: DAVIE FL 33331

Title VP  
Name MALLAK, SUE  
Address NEXTGEN MANAGEMENT, LLC  
15951 SW 41ST STREET STE 300  
City-State-Zip: DAVIE FL 33331

Title SECRETARY  
Name CECCHERINI, PATTI  
Address NEXTGEN MANAGEMENT, LLC  
15951 SW 41ST STREET STE 300  
City-State-Zip: DAVIE FL 33331

Title TREASURER  
Name MUSSER, ROBERT  
Address NEXTGEN MANAGEMENT, LLC  
15951 SW 41ST STREET STE 300  
City-State-Zip: DAVIE FL 33331

*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: CASSANDRA VAUGHN**

**PRESIDENT**

**01/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date