## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31857

**Entity Name: LAKESIDE GARDENS CONDOMINIUM A CONDOMINIUM** 

ASSOCIATION, INC.

Apr 25, 2024 Secretary of State 2426895258CC

**FILED** 

## **Current Principal Place of Business:**

C/O ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD NAPLES, FL 34109

## **Current Mailing Address:**

C/O ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD NAPLES, FL 34109 US

FEI Number: 65-0127420 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC C/O ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD NAPLES, FL 34109 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: DENNIS LIVELY 04/25/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name PROCHORENKO, DAVID Name DOLL, RICK

Address C/O ABILITY MANAGEMENT, INC Address C/O ABILITY MANAGEMENT, INC

6736 LONE OAK BLVD 6736 LONE OAK BLVD

City-State-Zip: NAPLES FL 34109 City-State-Zip: NAPLES FL 34109

Title SECRETARY/TREASURER Title DIRECTOR

Name BURY, MARTIN Name LEMIEUX, KIM

Address C/O ABILITY MANAGEMENT, INC Address C/O ABILITY MANAGEMENT, INC 6736 LONE OAK BLVD 6736 LONE OAK BLVD

City-State-Zip: NAPLES FL 34109 City-State-Zip: NAPLES FL 34109

Title DIRECTOR

Name ALBERTS, MICHAEL

Address C/O ABILITY MANAGEMENT, INC

6736 LONE OAK BLVD

City-State-Zip: NAPLES FL 34109

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.