

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31857

Entity Name: LAKESIDE GARDENS CONDOMINIUM A CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 18, 2023
Secretary of State
8767683645CC

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

04/18/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JOHNSON, GREGG
Address 2711 CITRUS LAKE DR. F-203
City-State-Zip: NAPLES FL 34109

Title VP
Name ZELINKA, RICHARD
Address 2711 CITRUS LAKE DR. #F-202
City-State-Zip: NAPLES FL 34109

Title SECRETARY/TREASURER
Name CHAPLIN, DENNIS
Address 2885 CITRUS LAKE DRIVE, UNIT N-206
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name LEMIEUX, KIM
Address 2711 CITRUS LAKE DR. F-206
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name ALBERTS, MICHAEL
Address 2875 CITRUS LAKE DR. M-203
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.

SIGNATURE: GREGG JOHNSON

PRES

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date