

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 2:38

DOCUMENT # 712909 (1)

1. Corporation Name  
**LAKESIDE POINT APARTMENT NO. 1 ASSOCIATION, INC.  
A CONDOMINIUM ASSOCIATION**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1950 LAKE OSBORNE DR  
LAKE WORTH FL 33461**      **1950 LAKE OSBORNE DR  
LAKE WORTH FL 33461**

3. Date Incorporated or Qualified **06/09/1967**      3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0033463**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**SMILEY, RUTH H.  
1950 LAKE OSBORNE DRIVE #14  
LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDFORS, SYLVIA</b>	1.2 NAME	
STREET ADDRESS	<b>1950 LAKE OSBORNE DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WORTH, FL 00000</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEDGER, DONALD</b>	2.2 NAME	
STREET ADDRESS	<b>1950 LAKE OSBORNE DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WORTH, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMILEY, RUTH</b>	3.2 NAME	
STREET ADDRESS	<b>1950 LAKE OSBORNE DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WORTH, FL 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN OSS, JOANN</b>	4.2 NAME	
STREET ADDRESS	<b>1950 LAKE OSBORNE DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WORTH, FL 00000</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGEE, MARGARET</b>	5.2 NAME	
STREET ADDRESS	<b>1950 LAKE OSBORNE DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WORTH, FL 00000</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTY, MARION</b>	6.2 NAME	
STREET ADDRESS	<b>1950 LAKE OSBORNE DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WORTH, FL 00000</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth H. Smiley      4/10/95      407-985-8480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR