

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712909 (1)  
1. Corporation Name

LAKESIDE POINT APARTMENT NO. 1 ASSOCIATION, INC.  
A CONDOMINIUM ASSOCIATION



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

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

3.	Date Incorporated or Qualified	06/09/1967	3a.	Date of Last Report	04/13/1995
4.	FEI Number	65-0033463	Applied For Not Applicable		
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
85	Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	
NAME	LINDFORS, SYLVIA	12 NAME	
STREET ADDRESS	1950 LAKE OSBORNE DR	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	
NAME	LEDGER, DONALD	22 NAME	
STREET ADDRESS	1950 LAKE OSBORNE DR	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	DT
NAME	SMILEY, RUTH	32 NAME	SMILEY, RUTH
STREET ADDRESS	1950 LAKE OSBORNE DR	33 STREET ADDRESS	1950 LAKE OSBORNE DR
CITY-ST-ZIP	LAKE WORTH, FL 00000	34 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	D	41 TITLE	DS
NAME	VAN OSS, JOANN	42 NAME	PURDY, JOANN VAN OSS
STREET ADDRESS	1950 LAKE OSBORNE DR	43 STREET ADDRESS	1950 LAKE OSBORNE DR
CITY-ST-ZIP	LAKE WORTH, FL 00000	44 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	D	51 TITLE	D
NAME	MCGEE, MARGARET	52 NAME	CAMPAGNUOLO, CHRISTINE
STREET ADDRESS	1950 LAKE OSBORNE DR	53 STREET ADDRESS	1950 LAKE OSBORNE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 00000	54 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	D	61 TITLE	
NAME	MCARTY, MARION	62 NAME	
STREET ADDRESS	1950 LAKE OSBORNE DR	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	64 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 119.07(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* Ruth H. Smiley 4-23-96 407-585-8480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)