

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33461-5688
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3. Date Incorporated or Qualified 06/09/1967	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0033463	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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 LINDFORS, SYLVIA
B2 Street Address (P.O. Box Number is Not Acceptable) 1950 LAKE OSBORNE DR. # 3
B3 LAKE WORTH
B4 City
FL B5 Zip Code 33461

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 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 617.0503, Florida Statutes.

SIGNATURE *Sylvia Lindfors* DATE 3/1/97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LINDFORS, SYLVIA	
STREET ADDRESS	1950 LAKE OSBORNE DR	
CITY - ST - ZIP	LAKE WORTH, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEDGER, DONALD	
STREET ADDRESS	1950 LAKE OSBORNE DR	
CITY - ST - ZIP	LAKE WORTH, FL 00000	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SMILEY, RUTH	
STREET ADDRESS	1950 LAKE OSBORNE DR	
CITY - ST - ZIP	LAKE WORTH, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PURDY, JOANN VAN OSS	
STREET ADDRESS	1950 LAKE OSBORNE DR	
CITY - ST - ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPAGNUOLO, CHRISTINE	
STREET ADDRESS	1950 LAKE OSBORNE DR	
CITY - ST - ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCARTY, MARION	
STREET ADDRESS	1950 LAKE OSBORNE DR	
CITY - ST - ZIP	LAKE WORTH, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAROL Palomba
3.3 STREET ADDRESS	1950 LAKE OSBORNE DR.
3.4 CITY - ST - ZIP	LAKE WORTH, FL 33461
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sylvia Lindfors* DATE 3/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0043597

CR2E037 (9/96)