

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
06/09/1967

4. FEI Number
65-0033463

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**LINDFORS, SYLVIA
 1950 LAKE OSBORNE DR
 #3
 LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDFORS, SYLVIA	1.2 NAME	
STREET ADDRESS	1950 LAKE OSBORNE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDGER, DONALD	2.2 NAME	McGee, Margaret
STREET ADDRESS	1950 LAKE OSBORNE DR	2.3 STREET ADDRESS	1950 LAKE OSBORNE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 00000	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALOMBA, CAROL	3.2 NAME	
STREET ADDRESS	1950 LAKE OSBORNE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURDY, JOANN VAN OSS	4.2 NAME	SORAKARI, KAARINA
STREET ADDRESS	1950 LAKE OSBORNE DR	4.3 STREET ADDRESS	1950 LAKE OSBORNE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 00000	4.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	CAMPAGNUOLO, CHRISTINE	5.2 NAME	
STREET ADDRESS	1950 LAKE OSBORNE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MCARTY, MARION	6.2 NAME	
STREET ADDRESS	1950 LAKE OSBORNE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	6.4 CITY-ST-ZIP	

14. I 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* 3-16-98 561 585-3485

CP2E037 (10/97)