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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90015 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712909**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/09/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0033463
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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	MS. CAROL PALOMBA
82 Street Address (P.O. Box Number is Not Acceptable)	1950 LAKE OSBORNE DRIVE
83	APT. # 17
84 City	LAKE WORTH
85 State	FL
86 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: CAROL PALOMBA *Carol Palomba* 2/11/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LINDFORS, SYLVIA	
STREET ADDRESS	1950 LAKE OSBORNE DR	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGEE, MARGARET	
STREET ADDRESS	1950 LAKE OSBORNE DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 00000 33461	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PALOMBA, CAROL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SORAKARI, KAREN	
1.3 STREET ADDRESS	1950 LAKE OSBORNE DR	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	QUICK, ERIC	
2.3 STREET ADDRESS	1950 LAKE OSBORNE DRIVE, # 15	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 334 61	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMILEY, RUTH H.	
3.3 STREET ADDRESS	1950 LAKE OSBORNE DR # 14	
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 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, with all other like empowered.

SIGNATURE: CAROL PALOMBA *Carol Palomba* 2/11/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)