

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712909

1. Entity Name

LAKESIDE POINT APARTMENT NO. 1 ASSOCIATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90056 014 ****61.25

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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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent PALOMBA, CAROL 1950 LAKE OSBORNE DR APT #17 LAKE WORTH FL 33461	7. Name and Address of New Registered Agent Name <u>MS. CAROL PALOMBA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1950 LAKE OSBORNE DR.</u> <u>APT. #17</u> City <u>LAKE WORTH</u> FL <u>33461</u>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Carol D. Palomba CAROL D. PALOMBA 03/26/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LINDFORS, SYLVIA 1950 LAKE OSBORNE DR LAKE WORTH, FL 00000 <input checked="" type="checkbox"/> Delete <i>SEE CHANGE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDITH SMILEY (D) 1950 LAKE OSBORNE DR. #14 LAKE WORTH, FL. 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORAKARI, KAREN 1950 LAKE OSBORNE DRIVE LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUICK, ERIC (D) 1950 LAKE OSBORNE DR. #15 LAKE WORTH, FL. 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALOMBA, CAROL 1950 LAKE OSBORNE DR LAKE WORTH, FL 00000 <input checked="" type="checkbox"/> Delete <i>SEE CHANGE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALOMBA, CAROL (D) 1950 LAKE OSBORNE DR #17 LAKE WORTH, FL. 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PURDY, JOANN VAN OSS 1950 LAKE OSBORNE DR LAKE WORTH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDFORS, SYLVIA (P) 1950 LAKE OSBORNE DR. #3 LAKE WORTH, FL. 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPAGNUOLO, CHRISTINE 1950 LAKE OSBORNE DR LAKE WORTH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCARTY, MARION 1950 LAKE OSBORNE DR LAKE WORTH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol D. Palomba CAROL D. PALOMBA 03/26/00 561-582-2054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)