

8/21

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-21-2001 90003 001 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **712909**

1. Entity Name
LAKESIDE POINT APARTMENT NO. 1 ASSOCIATION, INC.

Principal Place of Business
**1950 LAKE OSBORNE DR
LAKE WORTH FL 33461**

Mailing Address
**1950 LAKE OSBORNE DR
LAKE WORTH FL 33461**

2. Principal Place of Business
SAME

3. Mailing Address
SAME

City & State

City & State

4. FEI Number **65-0033463**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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 **SAME**
Street Address (P.O. Box Number is Not Acceptable)
SAME
City **SAME** State **FL** Zip Code

8. If 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* **TREASURER** DATE **08-15-01**

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDFORS, SYLVIA 1950 LAKE OSBORNE DR #3 LAKE WORTH FL 33461 DECEASED <input checked="" type="checkbox"/> Delete
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	T PALOMBA, CAROL 1950 LAKE OSBORNE DR #17 LAKE WORTH FL 33461 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PURDY, JOANN VAN OSS 1950 LAKE OSBORNE DR LAKE WORTH, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPAGNUOLO, CHRISTINE 1950 LAKE OSBORNE DR LAKE WORTH, FL 00000 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCARTY, MARION 1950 LAKE OSBORNE DR LAKE WORTH, FL 00000 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judith F. SMILEY (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1950 LAKE OSB. DR # 14 L.W., FL. 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANICE LUCAS #8 (PRES) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEE ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUDY ANDERSON (VP) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEE ABOVE #9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERIC QUICK #15 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEE ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Palomba* **SIGNATURE REQUIRED** DATE **08/15/01** 561-582 5204

TREASURER



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)