

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91587 010 \*\*\*\*61.25

**DOCUMENT # 712909**

1. Entity Name

**LAKESIDE POINT APARTMENT NO. 1 ASSOCIATION, INC.  
 A CONDOMINIUM ASSOCIATION**

Principal Place of Business

Mailing Address

1950 LAKE OSBORNE DR  
 LAKE WORTH FL 33461

1950 LAKE OSBORNE DR  
 LAKE WORTH FL 33461

2. Principal Place of Business

**N/A**

3. Mailing Address

**1950 LAKE OSBORNE DR**

Suite, Apt. #, etc.

**APT 3**

Suite, Apt. #, etc.

**APT 3**

City & State

City & State

**LAKE WORTH, FLA**

4. FEI Number

**65-0033463**

Applied For

Not Applicable

Zip

Country

Zip

**33461**

Country

**PALM BCH.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALOMBA, CAROL  
 1950 LAKE OSBORNE DR  
 APT #17 : 3  
 LAKE WORTH FL 33461**

Name

**SAME**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 M Palomba Treasurer*

**04-12-02**

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.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SMILEY, JUDITH F</b>	
STREET ADDRESS	<b>1950 LAKE OSBORNE DR # 14</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SORAKARI, KAREN</b>	
STREET ADDRESS	<b>1950 LAKE OSBORNE DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PALOMBA, CAROL</b>	
STREET ADDRESS	<b>1950 PALE OSBORNE DR #17</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LUCAS, JANICE</b>	
STREET ADDRESS	<b>1950 LAKE OSBORNE DR # 8</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANDERSON, TRUDY</b>	
STREET ADDRESS	<b>1950 LAKE OSBORNE DR # 9</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCARTY, MARION</b>	
STREET ADDRESS	<b>1950 LAKE OSBORNE DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH, FL 00000</b>	

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