

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT #712909 1. Entity Name LAKESIDE POINT APARTMENT NO. 1 ASSOCIATION, INC. A CONDOMINIUM ASSOCIATION			
Principal Place of Business 1950 LAKE OSBORNE DR APT 3 LAKE WORTH FL 33461		Mailing Address 1950 LAKE OSBORNE DR APT 3 LAKE WORTH FL 33461	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc. FROM # 17 TO # 3	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0033463		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALOMBA, CAROL 1950 LAKE OSBORNE DR APT #17-3 LAKE WORTH FL 33461		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Carol N. Palomba, Treasurer</i>		DATE: <i>02/18/04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: SMILEY, JUDITH F STREET ADDRESS: 1950 LAKE OSBORNE DR # 14 CITY-ST-ZIP: LAKE WORTH FL 33461	<input type="checkbox"/> Delete SEC.	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SORAKARI, KAREN STREET ADDRESS: 1950 LAKE OSBORNE DRIVE #12 CITY-ST-ZIP: LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600039177655 07/15/04--01024--010 **70.00
TITLE: T NAME: PALOMBA, CAROL STREET ADDRESS: 1950 LAKE OSBORNE DR # APT 3 CITY-ST-ZIP: LAKE WORTH FL 33461	<input type="checkbox"/> Delete TREAS.	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: ANDESON, TRUDY STREET ADDRESS: 1950 LAKE OSBORNE DR., #9 CITY-ST-ZIP: LAKE WORTH FL 33461	<input type="checkbox"/> Delete PRES.	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MCARTY, MARION STREET ADDRESS: 1950 LAKE OSBORNE DR CITY-ST-ZIP: LAKE WORTH, FL 00000	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: JANICE LUCAS STREET ADDRESS: 1950 LAKE OSBORNE DR # 8 CITY-ST-ZIP: L.W., FL. 33461	<input type="checkbox"/> Delete VICE PRES	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: <i>Carol N Palomba Treasurer</i>		DATE: <i>02/18/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>561-582-2054</i>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 14 PH 4:36



MOORE CR2E037 (11/03)