


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90005 025 ****70.00

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 SEE ABOVE		3. Mailing Address 1950 LAKE OSBORNE DR
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT 3
City & State		City & State LAKE WORTH, FLA.
Zip	Country	Country PALM BCH.
Zip 33461	Country	



1st MOORE CR2E037 (10/05)

4. FEI Number 65-0033463		Applied For <input checked="" 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 BECKER & POLIAKOFF, P.A. ATTN: PETER C MOLLENGARDEN, ESQ 500 AUSTRALIAN AVE S, 9TH FL WEST PALM BEACH FL 33401		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carol D. Palomba (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S- SMILEY, JUDITH F 1950 LAKE OSBORNE DR # 14 LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORAKARI, KAREN 1950 LAKE OSBORNE DRIVE #12 LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALOMBA, CAROL 1950 LAKE OSBORNE DR #3 LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRES / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAROL PALOMBA 1950 LAKE OSBORNE DR #3 LAKE WORTH, FL. 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDESON, TRUDY 1950 LAKE OSBORNE DR., #9 LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUSAN PAGE 1950 LAKE OSBORNE DR #7 LAKE WORTH, FL. 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCAS, JANICE 1950 LAKE OSBORNE DR. #8 LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOANNE PURDY - PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1950 LAKE OSBORNE DR #4 LAKE WORTH, FL. 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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 02/16/06 561-582-2054