


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90089 002 ****61.25

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 - No P.O. Box # <i>SEE ABOVE</i>		3. Mailing Address <i>SEE ABOVE</i>			
Suite, Apt. #, etc. <i>SEE ABOVE</i>		Suite, Apt. #, etc. <i>SEE ABOVE</i>			
City & State <i>SAME</i>		City & State <i>SAME</i>		4. FEI Number NO-T APPLICABLE	
Zip <i>SAME</i>	Country <i>SAME</i>	Zip <i>SAME</i>	Country <i>U.S.</i>	5. Certificate of Status Desired <input 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 <i>SAME</i> 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. I am familiar with, and accept the obligations of registered agent. <i>CAROL D. PALOMBA</i> SIGNATURE <i>Carol D. Palomba</i> 02/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	S SMILEY, JUDITH F 1950 LAKE OSBORNE DR # 14 LAKE WORTH FL 33461	<input checked="" 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	<i>V.P.</i> <i>SAME</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PALOMBA, CAROL 1950 LK OSBORNE DR, #3 LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREAS.</i> <i>CAROL PALOMBA</i> <i>1950 LAKE OSBORNE DR # 3</i> <i>LAKE WORTH, FL 33461</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM PAGE, SUSAN 1950 LK OSBORNE DR, #7 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	VP PURDY, JOANNE 1950 LK OSBORNE DR, #4 LAKE WORTH FL 33461	<input checked="" 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	PRES. JAMES LUCAS 1950 LAKE OSBORNE DR, LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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* CAROL D. PALOMBA 02-27-07 561-582-2054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Expense #