


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90060 021 ****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 - No P.O. Box # SAME		3. Mailing Address SAME			
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc. SAME			
City & State SAME		City & State SAME		4. FEI Number NO-T APPLICABLE	
Zip SAME	Country SAME	Zip SAME	Country SAME	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		
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 <u>SAMG AS # 6</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW. FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> NO		\$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	V	SORAKARI, KAREN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1950 LAKE OSBORNE DRIVE #12		NAME	
STREET ADDRESS		LAKE WORTH FL 33461		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	T	PALOMBA, CAROL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1950 LK OSBORNE DR, #3		NAME	
STREET ADDRESS		LAKE WORTH FL 33461		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	SM	PAGE, SUSAN		TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1950 LK OSBORNE DR, #7		NAME	PAGE, SUSAN
STREET ADDRESS		LAKE WORTH FL 33461		STREET ADDRESS	SAMG
CITY-ST-ZIP				CITY-ST-ZIP	SAMG
TITLE	P	LUCAS, JANICE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1950 LAKE OSBORNE DR		NAME	
STREET ADDRESS		LAKE WORTH FL 33461		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	HALL, KATHY (B.M.) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	BOARD MEMBER
STREET ADDRESS				STREET ADDRESS	1950 LAKE OSBORNE DR # 6
CITY-ST-ZIP				CITY-ST-ZIP	LAKE WORTH, FLA. 33461
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	



1st MOORE CR2E037 (10/07)

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 N. Palomba TREASURER 02/18/02 561-582-2054