

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 25, 2009
Secretary of State**

DOCUMENT# 712909

Entity Name: LAKESIDE POINT APARTMENT NO. 1 ASSOCIATION, INC. A CONDOMINIUM ASSOCIATION

Current Principal Place of Business:

1950 LAKE OSBORNE DR
APT 3
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

1950 LAKE OSBORNE DR
APT 3
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-0033463 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KATZMAN GARFINKEL ROSENBAUM
250 AUSTRALIAN AVENUE, SOUTH
SUITE 500
WEST PALM BEACH, FL 33401 US

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SORAKARI, KAREN
Address: 1950 LAKE OSBORNE DRIVE #12
City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: PALOMBA, CAROL
Address: 1950 LK OSBORNE DR, #3
City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: PAGE, SUSAN
Address: 1950 LK OSBORNE DR #7
City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: LUCAS, JANICE
Address: 1950 LAKE OSBORNE DR
City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM () Delete
Name: HALL, KATHY
Address: 1950 LAKE OSBORNE DR. #6
City-St-Zip: LAKE WORTH, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL D. PALOMBA

TREA

08/25/2009

Electronic Signature of Signing Officer or Director

_____ Date