

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90438 038 \*\*\*\*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  
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.  
**APT 3**

City & State  
**SAME**



CHECK HERE IF MAKING CHANGES

Zip  
**SAME**

Country  
**SAME**

Zip  
**SAME**

Country  
**SAME**

4. FEI Number **65-0033463**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PALOMBA, CAROL  
1950 LAKE OSBORNE DR  
~~APT #17~~ APT 3  
LAKE WORTH FL 33461**

Name  
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 *Carol D Palomba*

04-14-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$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	<b>S SMILEY, JUDITH F 1950 LAKE OSBORNE DR # 14 LAKE WORTH FL 33461</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SORAKARI, KAREN 1950 LAKE OSBORNE DRIVE LAKE WORTH FL 33461</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PALOMBA, CAROL 1950 PALE OSBORNE DR #17 LAKE WORTH FL 33461</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AURDY, JOANNE 1950 LAKE OSBORNE DR. #4 LAKE WORTH FL 33461</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PRATHER, THOMAS 1950 OSBORNE DR #2 LAKE WORTH FL 33461</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCARTY, MARION 1950 LAKE OSBORNE DR LAKE WORTH, FL 00000</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. TRUDY ANDERSON 1950 LAKE OSB. DR #9 LAKE WORTH, FL. 33461</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Carol D Palomba (Treas.)*

04-14-03

561-582-2054

CR2E037 (10/02)