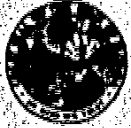


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR 11 PM 9:50

DOCUMENT # 714113 (8)

1. Corporation Name
LAKESIDE POINT APARTMENT NO 11 ASSOCIATION, INC.

Principal Place of Business % ASSOCIATED PROPERTY MANAGEMENT OF PALM B 400 S. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460	Mailing Address % ASSOCIATED PROPERTY MANAGEMENT OF PALM 400 S. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1968	3a. Date of Last Report 03/28/1994
4. FEI Number 59-1317005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.
 400 S. DIXIE HWY., SUITE 10
 LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	IRELAND, MARY
STREET ADDRESS	2381 SUNSET AVE. #405
CITY - ST - ZIP	LAKE WORTH FL
TITLE	PD
NAME	ODONNELL, EILEEN
STREET ADDRESS	2381 SUNSET AVE #401
CITY - ST - ZIP	LAKE WORTH FL
TITLE	HD
NAME	HOEFFNER, OTTO
STREET ADDRESS	2381 SUNSET AVE #318
CITY - ST - ZIP	LAKE WORTH FL
TITLE	D
NAME	DAWSON, DON
STREET ADDRESS	2381 SUNSET AVE #501B
CITY - ST - ZIP	LAKE WORTH FL
TITLE	TD
NAME	MANNER, MARGARET
STREET ADDRESS	2381 SUNSET AVE #501A
CITY - ST - ZIP	LAKE WORTH FL
TITLE	HD
NAME	ODONNELL, FRANK
STREET ADDRESS	2381 SUNSET AVE 201
CITY - ST - ZIP	LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD Leonard Dawson
4.3 STREET ADDRESS	2381 Sunset Avenue
4.4 CITY - ST - ZIP	LAKE WORTH, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret K Manner Date: 4-4-95 407-688-6377