FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

714113

(8)

LAKESIDE POINT APARTMENT NO 11 ASSOCIATION, INC.

Principal Place of Business		Mailing Address				A HODDIN CORRESPONDE CONTRACTOR OF THE CORRESPONDED TO SERVICE	1951 MIRIO MINIT MANEL)	
% SEACREST 3700 GEORGIA AVE WEST PALM BEACH FL 33405		% SEACREST 3700 GEORGIA AVE WEST PALM BEACH FL 33405-2125								
TEST THE PERSON IS SOME		,				3. Date Incorporated or Qualified 02/15/1968	1968 3a. Date of Last Report 04/23/1996			
2. Principal Pl	ace of Business	26. Mailing Address 26				4. FEI Number 59-1317005			plied For t Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired	11 7-	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 to	May Be o Fees	
Ζφ 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Agent	<u> </u>		
				81	Name					
WILLIAM L. MCCLOSKEY MGMT. INC. 3700 GEORGIA AVE				82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
WEST PA	ALM BCH. FL 33405			83						
					City	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	FL 85	`		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.										
SIGNATURE										
	Signature, typed or printed name of registered age			d Agen	t signature requ	ulred when reinstating)	DATE	COTOD	C IN 10	
12.	OFFICERS AND	DELETE	13.	TIE	········	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	odonnell, eileen v			1.1 TITLE 1.2 NAME		SECRETARY/TREASUR	CEK	· narigo	7.041.701	
STREET ADDRESS	2381 SUNSET AVE #201				nnocee	EILEEN KSET DONNELL LAKE WORTH FL 33461				
City-St-ZiP				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
TITLE				2.1 TITLE		I FONARD D DAWSON	501 8	hange	☐ Addition	
NAME	DAWSON, LEONARD		2.2 N	AME						
STREET ADDRESS	2381 SUNSET AVE		2.3 S	2.3 STREET ADDRESS		LAKE WORTH FL 334	61			
CITY - ST - ZIP			2.40			PRESIDENT				
TITLE	D	DELETE	3.1 Ti	TLE		MARGART MANNER		Change	☐ Addition	
NAME	MANNER, MARGARET		3.2 N	AME		2381 SUNSET AVE	501A			
STREET ADDRESS	2381 SUNSET AVE #501A			3.3 STREET ADDRESS		MARGART MANNER 2381 SUNSET AVE #501A LAKE WORTH FL 33461				
CITY-ST-ZIP	LAKE WORTH FL		3.4. 0	CITY-ST	r-ZIP	VICC-I RESIDENT		······		
TITLE		DELETE	4.1 TI	ITLE				Change	Addition	
NAME			4.21	NAME		•				
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 C	ITY-ST	- ZIP					
TITLE		☐ DELETE	. 5.1 ₹				السا	Change	Addition	
NAME			5.2 N						ľ	
STREET ADDRESS					ADDRESS					
CITY-S1-ZIP		T AFIETE		ITY-ST	- 7IP			hansa	Addition	
THTLE		DELETE	6.1 T					Change	L'1 spoiliou	
NAME.			6.2 N			i				
STREET ADDRESS			6.3 STREET ADDRESS							
CITY ST. 7IP			640	ITY ST	-71P i					

14. If do 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 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.



Daytime Phone # 0045048

FILED

Apr 03 1997 8:00am

Secretary of State

CR2E037 (9/96)