

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714113** (8)
1. Corporation Name
LAKESIDE POINT APARTMENT NO 11 ASSOCIATION, INC.



Principal Place of Business % SEACREST 3700 GEORGIA AVE WEST PALM BEACH FL 33405		Mailing Address % SEACREST 3700 GEORGIA AVE WEST PALM BEACH FL 33405		3. Date Incorporated or Qualified 02/15/1968
				4. FEI Number 59-1317005
				Applied For Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
City & State 23	City & State 28	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24	Country 25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
		9. Name and Address of Current Registered Agent		
		10. Name and Address of New Registered Agent		

**WILLIAM L. MCCLOSKEY MGMT. INC.
3700 GEORGIA AVE
WEST PALM BCH. FL 33405**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
ST	ODONNELL, EILEEN V	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2381 SUNSET AVE #201	1.3 STREET ADDRESS	2381 Sunset Ave #107
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	Lake Worth, Fl. 33461
DP	DAWSON, LEONARD D	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2381 SUNSET AVE, #501B	2.1 TITLE	
CITY-ST-ZIP	LAKE WORTH FL	2.2 NAME	
DVP	MANNER, MARGARET	2.3 STREET ADDRESS	
STREET ADDRESS	2381 SUNSET AVE #501A	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	LAKE WORTH FL	3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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: *Leonard D Dawson*

1/27/98 561-582-0747

CR2E037 (10/97)