

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90146 038 ****61.25

DOCUMENT # 714113

1. Entity Name

LAKESIDE POINT APARTMENT NO 11 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SEACREST
 3700 GEORGIA AVE
 WEST PALM BEACH FL 33405

% SEACREST
 3700 GEORGIA AVE
 WEST PALM BEACH FL 33405-2125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1317005

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	ST SAY, DOLORES A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2381 SUNSET AVE, #107 LAKE WORTH FL 33461	
TITLE NAME	DP DAWSON, LEONARD D	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2381 SUNSET AVE, #501B LAKE WORTH FL	
TITLE NAME	D MANNER, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2381 SUNSET AVE #501A LAKE WORTH FL 33461	
TITLE NAME	DVP O'DONNELL, EILEEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2381 SUNSET AVE #201 LAKE WORTH FL 33461	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	VP LENNART WAHLEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2381 SUNSET AVE. #215 lake worth FL 33461	
TITLE NAME	D BILL PETCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2381 SUNSET AVE. #411 LAKE WORTH FL 33461	
TITLE NAME	D RALPH KAISER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2381 SUNSET AVE #111 lake worth fl 33461	
TITLE NAME	D BEVERLY GRANT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2381 SUNSET AVE #203 LAKE WORTH FL 33461	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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: *Leonard Dawson Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-582-0747

CR2E037 (9/99)