

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90024 022 \*\*\*\*61.25

DOCUMENT # 714113

1. Entity Name

LAKE SIDE POINT APARTMENT NO 11 ASSOCIATION, INC.



Principal Place of Business

C/O SEACREST  
2400 CENTREPARK DR. WEST 175  
WEST PALM BEACH FL 33405

Mailing Address

C/O SEACREST  
2400 CENTREPARK DR. WEST 175  
WEST PALM BEACH FL 33405

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM L. MCCLOSKEY MGMT. INC.  
2400 CENTRE PARK WEST DRIVE 175  
WEST PALM BEACH FL 33409

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	<del>DVP</del>	<input type="checkbox"/> Delete
NAME	WAHLEN, LENNART	
STREET ADDRESS	2381 SUNSET AVE 215	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE	<del>DP</del>	<input type="checkbox"/> Delete
NAME	DAWSON, LEONARD D	
STREET ADDRESS	2381 SUNSET AVE, #501B	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNER, MARGARET	
STREET ADDRESS	2381 SUNSET AVE #501A	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'DONNELL, EILEEN	
STREET ADDRESS	2381 SUNSET AVE #201	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>VAIONPAR, TIMO</del>	
STREET ADDRESS	<del>2381 SUNSET AVE 205</del>	
CITY - ST - ZIP	<del>LAKE WORTH FL 33461</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOLORES SAY	
STREET ADDRESS	2381 SUNSET AVE 107	
CITY - ST - ZIP	LAKE WORTH FL 33461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THERESA JAKUES	
STREET ADDRESS	2381 SUNSET AVE 115	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM GVURAN	
STREET ADDRESS	2381 SUNSET AVE 217	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 D Dawson* LEONARD D DAWSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04 561-582-0747

Date

Daytime Phone #