


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90033 038 \*\*\*\*61.25

<b>DOCUMENT # 714113</b>					
1. Entity Name LAKESIDE 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. Lake Worth, FL		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1317005	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
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 Eileen O'Donnell, Sec.		
			Street Address (P.O. Box Number is Not Acceptable) 2381 Sunset Avenue		
			Apt. 201		
			City Lake Worth		FL
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 <u>Eileen O'Donnell, Secretary</u>				DATE <u>Feb. 01, 2005</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<del>DP</del> DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAHLEN, LENNART		NAME	Enila, Matti	
STREET ADDRESS	2381 SUNSET AVE 215		STREET ADDRESS	2381 Sunset Avenue 402	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, LEONARD D		NAME	Hagstrom, Stig	
STREET ADDRESS	2381 SUNSET AVE, #501B		STREET ADDRESS	2381 Sunset Avenue 216	
CITY-ST-ZIP	LAKE WORTH, FL		CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANNER, MARGARET		NAME	Vainionpaa, Timo	
STREET ADDRESS	2381 SUNSET AVE #501A		STREET ADDRESS	2381 Sunset Avenue #205	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, EILEEN		NAME		
STREET ADDRESS	2381 SUNSET AVE #201		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAY, DOLORES		NAME		
STREET ADDRESS	2381 SUNSET AVE 107		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAQUES, THERESA		NAME		
STREET ADDRESS	2381 SUNSET AVE 115		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		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: <u>Eileen O'Donnell, Secretary</u>			DATE: <u>Feb. 01, 2005</u> (561) 585-8939		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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