

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90010 017 ****61.25

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01172006 Chg-NP CR2E037 (11/05)

DOCUMENT # 714113					
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.		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 <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'DONNELL, EILEEN SEC 2381 SUNSET AVENUE APT 201 LAKE WORTH, FL 33461			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAHLEN, LENNART		NAME	Carreau, James	
STREET ADDRESS	2381 SUNSET AVE 215		STREET ADDRESS	2381 Sunset Avenue 212	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENILA, MATTIE		NAME	Kaiser, Ralph	
STREET ADDRESS	2381 SUNSET AVENUE 402		STREET ADDRESS	2381 Sunset Avenue 111	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANNER, MARGARET		NAME	List, Charles	
STREET ADDRESS	2381 SUNSET AVE #501A		STREET ADDRESS	2381 Sunset Avenue 304	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'DONNELL, EILEEN		NAME	Reeves, John	
STREET ADDRESS	2381 SUNSET AVE #201		STREET ADDRESS	2381 Sunset Avenue 412	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGSTROM, STIG		NAME	Woods, Joyce	
STREET ADDRESS	2381 SUNSET AVENUE 216		STREET ADDRESS	2381 Sunset Avenue #206	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE	D	<input checked="" 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 exemptions contained in Chapter 119, 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: <i>Eileen O'Donnell</i> Eileen O'Donnell, Secretary			01-28-06		(561) 585-8939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #