


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90083 050 ****61.25

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 - No P.O. Box # <i>C/O Asset Bookkeeping</i> Suite, Apt. #, etc. <i>903 ST. JAMES ST</i> City & State <i>West Palm Beach, FL</i>		3. Mailing Address <i>C/O Asset Bookkeeping</i> Suite, Apt. #, etc. <i>903 ST. JAMES ST.</i> City & State <i>West Palm Beach, FL</i>	
Zip <i>33415</i>		Country <i>USA</i>	
4. FEI Number 59-1317005		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'DONNELL, EILEEN SEC 2381 SUNSET AVENUE APT 201 LAKE WORTH, FL 33481		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	DP CARREAU, JAMES 2381 SUNSET AVE 212 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENILA, MATTIE 2381 SUNSET AVENUE 402 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIST, CHARLES 2381 SUNSET AVE 304 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD O'DONNELL, EILEEN 2381 SUNSET AVE #201 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODS, JOYCE 2381 SUNSET AVE 208 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>John Robuck 2381 Sunset Ave #501 B Lake Worth, FL 33461</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP KAISER, RALPH 2381 SUNSET AVE 111 LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>David Eakin 2381 Sunset Ave #417 Lake Worth, FL 33461</i>
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>X. K. Eileen O'Donnell</i>		Date: <i>1-25-07</i> Daytime Phone #: <i>561-585-8939</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	