2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #714112



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

1. Entity Name LAKESIDE POINT APARTMENT NO 11 ASSOCIATION, INC.					01-29-2007 9008:			
C\O SEACREST C\O 2400 CENTREPARK DR. WEST 175 240		ailing Address \0 SEACREST '400 CENTREPARK DR. WEST 175 VEST PALM BEACH, FL 33405			8) T 84	115H 915H 910H 6H		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 3. Mailing Address			BARKARAI					
Suite, Apt. #, etc. 903 ST. James ST 903 ST. James ST 903 ST. James ST			Bookkeepi.	01252007 CI	hg-NP CR2E	037 (12/06)		
City & State Ci		City & State	ity & State est Palm Beach FL)5	<u> </u>	pplied For	
Zip 2p	Country 415 USA	Zip 33415	Country USA	59-131700 5. Certificate of St		\$8.75 Ad Fee Require	ditional	
6. Name and Address of Current Registered Agent			457	7. Name and Address of New Registered Agent				
O'DONNELL, EILEEN SEC								
2381 SUNSET AVENUE APT 201 Street A				ress (P.O. Box Number is	is (P.O. Box Number is Not Acceptable)			
	RTH, FL 33461							
			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 reinstating) DATE								
alanATune	Signature, typed or printed name of registered agent and title	if applicable. (NOTE:	Registered Agent signature in	required when reinstating)	DATE			
AGNATURE	Signeture, typed or printed name of registered agent and title Filling Fee is \$61,25 Due by May 1, 2007	# epplicable. (NOTE: # Election Cam Trust Fund Co	paign Financing	\$5.00 May Be		ck payable t		
10.	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRECTO	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make che	irtment of 8	tate	
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12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like, empowered.

1-25-07