FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:43

DOCUMENT # **718703** **(2)**

1. Corporation Name

CONDOMINIUM ASSOCIATION OF LAKESIDE VILLAGE, INC

Principal Place of Business	Mailing Address
500 LORI DRIVE ADMINISTRATIVE BUILDING LAKE WORTH FL 33461	500 LORI DRIVE ADMINISTRATIVE BUILDING LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1970
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-1678430 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WEBER, SHARON A.
BECKER, POLIAKOFF, STREITFELD, P.A.
450 AUSTRALIAN AVE., SOUTH
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/P	11 TITLE	☐ Change ☐ Addition P
NAME	CAVALLARO, LOUIS	12 NAME	Hart, James C
STREET ADDRESS	719 LORI DR	13 STREET ADDRESS	705 Lori Drive
CITY-ST-ZIP	PALM SPRINGS FL	14 CITY-ST-ZIP	Palm Springs, Fl. 33461
TITLE	~~D~~ T	21 TITLE	☐ Change ☐ Addition
NAME	MINOWITZ, BEN	22 NAME	D=Blum, Edward
STREET ADDRESS	719 LORI DR	23 STREET ADDRESS	225 Bonnie Blvd.
CITY-ST-ZIP	PALM SPRINGS FL	24 CITY-ST-ZIP	Palm Springs, Fl. 33461
TITLE	~~T~~ D	31 TITLE	☐ Change ☐ Addition D
NAME	WALLER, PATTI	32 NAME	Townson, Fred
STREET ADDRESS	705 LORI DRIVE	33 STREET ADDRESS	721 Lori Drive
CITY-ST-ZIP	PALM SPRINGS FL	34 CITY-ST-ZIP	Palm Springs, Fl. 33461
TITLE	~~S~~ D	41 TITLE	☐ Change ☐ Addition S
NAME	WALLER, GEORGE	42 NAME	Singer, Hilda
STREET ADDRESS	705 LORI DR	43 STREET ADDRESS	709 Lori Drive
CITY-ST-ZIP	PALM SPRINGS FL	44 CITY-ST-ZIP	Palm Springs, Fl. 33461
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FINESTONE, ROBERT	52 NAME	
STREET ADDRESS	715 LORI DRIVE #308	53 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tony Hoveil Agent 3/24/9 407-968 4971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000085