

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified 06/16/1970
3a. Date of Last Report 03/30/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAVALLARO, LOUIS	
STREET ADDRESS	719 LORI DR	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	S/T	<input type="checkbox"/> DELETE
NAME	MINOWITZ, BEN	
STREET ADDRESS	719 LORI DR	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLER, PATT	
STREET ADDRESS	705 LORI DRIVE	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLER, GEORGE	
STREET ADDRESS	705 LORI DR	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINESTONE, ROBERT	
STREET ADDRESS	715 LORI DRIVE #308	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HART, JAMES C.	
STREET ADDRESS	705 LORI DR	
CITY-ST-ZIP	PALM SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ed Blum	
1.3 STREET ADDRESS	711 Lori Drive #311	
1.4 CITY-ST-ZIP	Palm Springs, Fl. 33461	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Becak	
2.3 STREET ADDRESS	500 Davis Road #39	
2.4 CITY-ST-ZIP	Palm Springs, Fl. 33461	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Henry LaVette	
3.3 STREET ADDRESS	715 Lori Drive #204	
3.4 CITY-ST-ZIP	Palm Springs, Fl. 33461	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fred Townson	
4.3 STREET ADDRESS	721 Lori Drive #102	
4.4 CITY-ST-ZIP	Palm Springs, Fl. 33461	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Anthony Rizzo	
5.3 STREET ADDRESS	725 Lori Drive #312	
5.4 CITY-ST-ZIP	Palm Springs, Fl. 33461	
6.1 TITLE	200001777732	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/12/96--01009--020	
6.3 STREET ADDRESS	***61.25	
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: James C. Hart DATE: 4-8-96 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

4-10-96