

FILE NOW: FILING FEE IS \$61.25

APPROVED
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Pg. 1 of 2

97 JUN -2 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **718703**
1. Corporation Name
Condominium Association of Lakeside Village, Inc.

Principal Place of Business: **3900 WOODLAKE BLVD #201 LAKE WORTH, FL 33463**
Mailing Address: **40625 MANAGEMENT ASSN 3900 WOODLAKE BLVD #201 LAKE WORTH, FL 33463**

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified
3a. Date of Last Report

4. FEI Number: **59-1678430**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BECKER + POLIAKOFF, P.A.
500 AUSTRALIAN AVE S.
9th Floor
WEST PALM BEACH, 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: *Kenneth S. Director* DATE: *5/22/97*
Signature: Typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BECKER, BOB	
STREET ADDRESS	500 DAVIS RD #39	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Hart, James	
STREET ADDRESS	705 Lori Dr. Bldg #1 Apt 39	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DECORT, CHARLOTTE	
STREET ADDRESS	711 Lori Dr. Bldg 16 Apt 310	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Blum, Ed	
STREET ADDRESS	225 Bonnie Blvd Bldg #24 Apt 11	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Finestone, Robert	
STREET ADDRESS	715 Lori Dr. Bldg 17 Apt 308	
CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAUALLARO, Louis	
STREET ADDRESS	719 Lori Dr. Bldg 19 Apt #113	
CITY-ST-ZIP	Palm Springs, FL 33461	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500002207135
5.3 STREET ADDRESS	-06/10/97--01027--026
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ARCOS, ERNEST
6.3 STREET ADDRESS	711 Lori Dr Bldg 23 Apt 114
6.4 CITY-ST-ZIP	Palm Springs, FL 33463

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4-15-97**
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E037 (9/96)

FILE NOW: FILING FEE IS \$61.25

Ag. 2 of 2

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name
LAKESIDE VILLAGE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 3900 WOODLAKE BLVD # 201 LAKE WORTH, FL 33463	Mailing Address c/o G.R.S. MANAGEMENT 3900 WOODLAKE BLVD #201 LAKE WORTH, FL 33463
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21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Becker + Poliakoff, P.A.
500 AUSTRALIAN AVE. S.
4th floor
West Palm Beach, FL 33401

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LE VETTE, HENRY	1.2 NAME	
STREET ADDRESS	715 HOR. DR. Bldg 17 Apt 204	1.3 STREET ADDRESS	
CITY - ST - ZIP	Palm Springs, FL 33462	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rizzo, TONY	2.2 NAME	
STREET ADDRESS	725 HOR. DR. Bldg 21 Apt 312	2.3 STREET ADDRESS	
CITY - ST - ZIP	Palm Springs, FL 33461	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSON, Fred	3.2 NAME	
STREET ADDRESS	721 HOR. DR. Bldg 26 Apt 162	3.3 STREET ADDRESS	
CITY - ST - ZIP	Palm Springs, FL 33461	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: _____ **4-15-97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)