


FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90075 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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 G.P.S. Management Associates, Inc. 3900 WOODLAKE BLVD. #201 LAKE WORTH FL 33463
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/16/1970	4. FEI Number 59-1678430	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		

9. Name and Address of Current Registered Agent DIRELCTOR, KENNETH BECKER, POLIAKOFF, STREITFELD, P.A. 450 AUSTRALIAN AVE., SOUTH, 9TH FLOOR WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name DIRECTOR, KENNETH 82 Street Address (P.O. Box Number is Not Acceptable) BECKER + POLIAKOFF, P.A. 83 500 AUSTRALIAN AVE. SOUTH, 9TH FLOOR 84 City WEST PALM BEACH FL 85 Zip Code 33401
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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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECAK, BOB	1.2 NAME	
STREET ADDRESS	500 DAVIS ROAD #39	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, JAMES	2.2 NAME	
STREET ADDRESS	705 LORI DRIVE BLVG. #1, APT. 39	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	OST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECORT, CHARLOTTE	3.2 NAME	
STREET ADDRESS	711 LORI DRIVE BLDG. 16, APT. 310	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, ED	4.2 NAME	
STREET ADDRESS	225 BONNIE BLVD. BLDG #24 APT. 211	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINESTONE, ROBERT	5.2 NAME	
STREET ADDRESS	715 LORI DRIVE, BLDG. 17, APT. 308	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVETTE, HENRY	6.2 NAME	
STREET ADDRESS	715 WRI DRIVE, BLDG 17, APT 402	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: [Signature] Date: _____ Daytime Phone #: 561-641-8554

CR2E037 (1/98)

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718703

PLEASE ADD :

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RIZZO, ANTHONY

725 LORI DRIVE #312

PALM SPRINGS, FL 33461

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ARCOS, ERNEST

711 LORI DRIVE, BLDG. 23, APT. 114

PALM SPRINGS, FL 33461

D

MARRO, JOSEPH

711 LORI DRIVE #308

PALM SPRINGS, FL 33461