

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 753548 (7)

1. Corporation Name
LAKESIDE GREEN PATIO HOMES ASSOCIATION, INC.



Principal Place of Business: ~~R.O. BOX 18156 WEST PALM BEACH FL 33416~~
Mailing Address: ~~P.O. BOX 18156 WEST PALM BEACH FL 33416~~

3. Date Incorporated or Qualified: **07/30/1980**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business: **Assoc. Property Mgmt**
21. Suite, Apt. #, etc.: **400 S. Dixie Hwy, #10**
22. City & State: **Lake Worth, FL**
23. Zip: **33460** Country: **USA**
24. Mailing Address: **Assoc. Property Mgmt**
25. Suite, Apt. #, etc.: **400 S. Dixie Hwy, #10**
26. City & State: **Lake Worth, FL**
27. Zip: **33460** Country: **USA**
28. 29. 30.

4. FEI Number: **59-2410263**
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

9. Name and Address of Current Registered Agent
~~ST. JOHN, KING & DICKER
300 AUSTRALIAN AVE. S
STE 600
W PALM BEACH FL 33401~~

10. Name and Address of New Registered Agent
81. Name: **Associated Property Mgmt**
82. Street Address (P.O. Box Number is Not Acceptable): **400 S. Dixie Hwy, #10**
83.
84. City: **Lake Worth** FL 85. Zip Code: **33460**

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, Sections 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/6/96**

12. OFFICERS AND DIRECTORS

TITLE	MD <input type="checkbox"/> DELETE
NAME	VUKOVICH, PETER
STREET ADDRESS	4756 BROOK DR
CITY-ST-ZIP	W PALM BCH. FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	COLLURA, MICHAEL
STREET ADDRESS	4517 WILLOW POND CT E
CITY-ST-ZIP	W PALM BCH. FL
TITLE	DVS <input type="checkbox"/> DELETE
NAME	HARRIS, INA
STREET ADDRESS	4601 WILLOW POND CT E
CITY-ST-ZIP	W PALM BCH. FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	JUSTO, JEANNETTE
STREET ADDRESS	4516 BROOK DRIVE
CITY-ST-ZIP	W PALM BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSEN, EITAN
STREET ADDRESS	4588 BROOK DR
CITY-ST-ZIP	W PALM BCH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	PHILLIPS, WENDALL
STREET ADDRESS	4145 CLEARVIEW TERR
CITY-ST-ZIP	W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" 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 checked="" 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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Bishop, Sharon
6.3 STREET ADDRESS	4149 Brook Drive
6.4 CITY-ST-ZIP	W P B, FL

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: *[Signature]* **MICHAEL COLLURA** 3/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)