

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 753548 (7)
1. Corporation Name
LAKESIDE GREEN PATIO HOMES ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY #10
LAKE WORTH FL 33460
US

3. Date Incorporated or Qualified 07/30/1980
3a. Date of Last Report 03/26/1996

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

ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY
#10
LAKE WORTH FL 33460

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D VUKOVICH, PETER <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VUKOVICH, PETER	1.2 NAME	FASig, Tom
STREET ADDRESS	4756 BROOK DR	1.3 STREET ADDRESS	4613 Willow Pond Court East
CITY-ST-ZIP	W PALM BCH. FL	1.4 CITY-ST-ZIP	WPB, FL
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLURA, MICHAEL	2.2 NAME	
STREET ADDRESS	4517 WILLOW POND CT E	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH. FL	2.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, INA	3.2 NAME	
STREET ADDRESS	4601 WILLOW POND CT E	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUSTO, JEANNETTE	4.2 NAME	FASano, George
STREET ADDRESS	4516 BROOK DRIVE	4.3 STREET ADDRESS	4483 Brook Drive
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	WPB, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, EITAN	5.2 NAME	Phillips, Wendell
STREET ADDRESS	4588 BROOK DR	5.3 STREET ADDRESS	4445 Clearview Terrace
CITY-ST-ZIP	W PALM BCH FL	5.4 CITY-ST-ZIP	WPB, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, SHARON	6.2 NAME	
STREET ADDRESS	4499 BROOK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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 or changed or on an attachment with an address.

SIGNATURE: Michael Collura DATE: _____ Daytime Phone # 0039186

CR2E037 (9/96)