


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION, ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753548 (7)**  
 1. Corporation Name  
**LAKESIDE GREEN PATIO HOMES ASSOCIATION, INC.**



Principal Place of Business <b>C/O ASSOCIATED PROPERTY MANAGEMENT                  400 S DIXIE HWY #10                  LAKE WORTH FL 33460                  US</b>	Mailing Address <b>C/O ASSOCIATED PROPERTY MANAGEMENT                  400 SOUTH DIXIE HWY #10                  LAKE WORTH FL 33460                  US</b>
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3. Date incorporated or Qualified <b>07/30/1980</b>	
4. FEI Number <b>59-2410263</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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 \_\_\_\_\_  
 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 <b>D</b>	NAME <b>FASIG TOM</b>	1.1 TITLE	1.2 NAME
STREET ADDRESS <b>4813 WILLOW POND COAST E</b>	CITY-ST-ZIP <b>W PALM BCH. FL</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE <b>VP</b>	NAME <b>COLLURA, MICHAEL</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>4517 WILLOW POND CT E</b>	CITY-ST-ZIP <b>W PALM BCH. FL</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>PD</b>	NAME <b>HARRIS, INA</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>4801 WILLOW POND CT E</b>	CITY-ST-ZIP <b>W PALM BCH. FL</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <b>TD</b>	NAME <b>JUSTO, JEANNETTE</b>	4.1 TITLE	4.2 NAME
STREET ADDRESS <b>4516 BROOK DRIVE</b>	CITY-ST-ZIP <b>W PALM BCH FL</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>PHILLIPS WENDELL</b>	5.1 TITLE	5.2 NAME
STREET ADDRESS <b>4145 CLEARVIEW TERR</b>	CITY-ST-ZIP <b>W PALM BCH FL</b>	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>BISHOP, SHARON</b>	6.1 TITLE	6.2 NAME
STREET ADDRESS <b>4499 BROOK DRIVE</b>	CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

5.1 TITLE	5.2 NAME <b>Forrest, Marcia</b>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP <b>4771 Brook Drive WPB, FL</b>
6.1 TITLE	6.2 NAME <b>FASANO, George</b>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP <b>4493 Brook Drive WPB, FL</b>

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.

SIGNATURE: \_\_\_\_\_  
 INA HARRIS 3-11-98

CR2E037 (1097)