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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION, ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 C/O ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY #10 LAKE WORTH FL 33460 US	Mailing Address C/O ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY #10 LAKE WORTH FL 33460 US
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3. Date incorporated or Qualified 07/30/1980		
4. FEI Number 59-2410263	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

5.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.6 NAME	
5.7 STREET ADDRESS	
5.8 CITY-ST-ZIP	
6.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.6 NAME	
6.7 STREET ADDRESS	
6.8 CITY-ST-ZIP	

SD Forrest, Marcia
4771 Brook Drive
WPB, FL

D Fasano, George
4493 Brook Drive
WPB, FL

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)