

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90199 041 ****61.25

DOCUMENT # 753548

1. Entity 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

C/O ASSOCIATED PROPERTY MANAGEMENT
 400 SOUTH DIXIE HWY #10
 LAKE WORTH FL 33460
 US

A0038758



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2410263

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FASIG TOM	
STREET ADDRESS	4613 WILLOW POND COAST E	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	PD	<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	SD	<input type="checkbox"/> Delete
NAME	BISHOP, GLENN	
STREET ADDRESS	4499 BROOK DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FASANO, GEORGE	
STREET ADDRESS	4483 BROOK DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannette Justo* Treasurer

3/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)