

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 767918 (6)

1. Corporation Name

LAKESIDE CONDOMINIUM ASSOCIATION NO. 6, INC.



Principal Place of Business

Mailing Address

10780 CEDAR POINT BLVD.
BOYNTON BCH. FL 33437

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BOYNTON BCH. FL 33437

3. Date Incorporated or Qualified
04/12/1983

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2293873

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

10. Name and Address of New Registered Agent

CUSTOM PROPERTY MANAGEMENT
2328 SOUTH CONGRESS AVENUE
SUITE 2A
WEST PALM BEACH FL 33406

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSKOWITZ, GERTRUDE	
STREET ADDRESS	10188 MANGROVE DR #103	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, EDWARD	
STREET ADDRESS	10204 MANGROVE #101	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SWARTZ, LILIAN	
STREET ADDRESS	10204 MANGROVE DR #103	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PORTNEY, BERNICE	
STREET ADDRESS	10204 MANGROVE DR #204	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, EMILLIE	
STREET ADDRESS	10188 MANGROVE DR. #106	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P GOLDSTEIN, EDWARD
2.3 STREET ADDRESS	10204 MANGROVE #101
2.4 CITY-ST-ZIP	BOYNTON BEACH FL
3.1 TITLE	<input 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	700001795617
4.4 CITY-ST-ZIP	-04/26/96--01020--002
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***61.25
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S CAHAN, DOROTHY
6.3 STREET ADDRESS	10188 MANGROVE DR. #102
6.4 CITY-ST-ZIP	BOYNTON BCH 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:

Lilian K. Swartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96
Date

732-6009
Daytime Phone #

CR2E037 (12/95)

Lilian K. Swartz