

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767918** (6)
1. Corporation Name
LAKESIDE CONDOMINIUM ASSOCIATION NO. 6, INC.



Principal Place of Business 10780 CEDAR POINT BLVD. BOYNTON BCH. FL 33437	Mailing Address 10780 CEDAR POINT BLVD. BOYNTON BCH. FL 33437-1310
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3. Date Incorporated or Qualified 04/12/1983	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2293873	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

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
			FL	

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAHAN, DOROTHY	
STREET ADDRESS	10188 MANGROVE DR #103	
CITY - ST - ZIP	BOYNTON BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POLDSTEIN, EDWARD	
STREET ADDRESS	10204 MANGROVE #101	
CITY - ST - ZIP	BOYNTON BCH. FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SWARTZ, LILIAN	
STREET ADDRESS	10204 MANGROVE DR #103	
CITY - ST - ZIP	BOYNTON BCH FL	
TITLE	VP	<input checked="" 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. #108	
CITY - ST - ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Goldstein, Edward	
1.3 STREET ADDRESS	10204 Mangrove Dr. #101	
1.4 CITY - ST - ZIP	Boynton Beach, Fl	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kohn, Rodolfo	
2.3 STREET ADDRESS	10204 Mangrove Dr. #202	
2.4 CITY - ST - ZIP	Boynton Beach, Fl	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Portney, Bernice	
3.3 STREET ADDRESS	10204 Mangrove Dr. #204	
3.4 CITY - ST - ZIP	Boynton Beach, Fl	
4.1 TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Swartz, Lillian	
4.3 STREET ADDRESS	10204 Mangrove Dr. #204	
4.4 CITY - ST - ZIP	Boynton Beach, Fl	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Miller, William	
5.3 STREET ADDRESS	10188 Mangrove Dr. #105	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: William D. Miller 4/4/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042827

CR2E037 (9/96)