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 Apr 10 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
 10780 CEDAR POINT BLVD. BOYNTON BCH. FL 33437

3. Date Incorporated or Qualified
 04/12/1983
 4. FEI Number 59-2293873
 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 CUSTOM PROPERTY MANAGEMENT
 2328 SOUTH CONGRESS AVENUE
 SUITE 2A
 WEST PALM BEACH FL 33408

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPD
NAME	GOLDSTEIN, EDWARD	1.2 NAME	GOLDSTEIN, EDWARD
STREET ADDRESS	10204 MANGROVE DR., #101	1.3 STREET ADDRESS	10204 MANGROVE DR., #101
CITY-ST-ZIP	BOYNTON BCH. FL	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	VP	2.1 TITLE	VPD
NAME	KOHN, RODOLFO	2.2 NAME	ROSSMAN, BERTRAM
STREET ADDRESS	10204 MANGROVE DR., #202	2.3 STREET ADDRESS	10204 MANGROVE DR. #105
CITY-ST-ZIP	BOYNTON BCH. FL	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	SD	3.1 TITLE	
NAME	PORTNEY, BERNICE	3.2 NAME	
STREET ADDRESS	10204 MANGROVE DR., #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	
TITLE	ATD	4.1 TITLE	TD
NAME	SWARTZ, LILLIAN	4.2 NAME	SWARTZ, LILLIAN
STREET ADDRESS	10204 MANGROVE DR., #204	4.3 STREET ADDRESS	10204 MANGROVE DR. #204
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	TD	5.1 TITLE	PD
NAME	MILLER, WILLIAM	5.2 NAME	MILLER, WILLIAM
STREET ADDRESS	10188 MANGROVE DR., #105	5.3 STREET ADDRESS	10188 MANGROVE DR., #105
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	BOYNTON BEACH FL.
TITLE		6.1 TITLE	D
NAME		6.2 NAME	WIMPIE, PHYLLIS
STREET ADDRESS		6.3 STREET ADDRESS	10188 MANGROVE DR., #104
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33437

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(b), 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: *Pedro K. Swartz* 4/1/98 (561) 734-4511

CR2E037 (10/97)