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Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # 767918

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/12/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2293873	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

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			

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	CPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, EDWARD	1.2 NAME	
STREET ADDRESS	10204 MANGORVE DR., #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, BERTRAM	2.2 NAME	
STREET ADDRESS	10204 MANGROVE DR., #105	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL 33437	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTNEY, BERNICE	3.2 NAME	TD
STREET ADDRESS	10204 MANGROVE DR., #204	3.3 STREET ADDRESS	PORTNEY, BERNICE
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP	10204 MANGROVE DR., #204
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZ, LILLIAN	4.2 NAME	SD
STREET ADDRESS	10204 MANGROVE DR., #204	4.3 STREET ADDRESS	SWARTZ, LILLIAN
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP	10204 MANGROVE DR., #103
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WILLIAM	5.2 NAME	
STREET ADDRESS	10188 MANGROVE DR., #105	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMPIE, PHYLLIS	6.2 NAME	
STREET ADDRESS	10188 MANGROVE DR., #104	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Bernice Portney* 3/15/99

CP25037-11/98