

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -5 PM 2: 25

**DOCUMENT # 768847 (6)**  
1. Corporation Name  
**LAKESIDE GREEN RECREATIONAL ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**C/O ASSOCIATED PROPERTY MANAGEMENT  
400 S. DIXIE HWY., SUITE 10  
LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/09/1993** 3a. Date of Last Report **03/22/1994**

4. FEI Number **59-2518204** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**ASSOCIATED PROPERTY MANAGEMENT  
400 S. DIXIE HWY.  
SUITE 10  
LAKE WORTH FL 33460**

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 607.0502 and 607.1508, 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 607.0505, 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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLURA, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>4517 WILLOW POND CT., E.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKE, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>4520 DISCOVERY LN #42</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>4363 WILLOW BROOK CIR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>MD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZLOTNICK, SOL</b>	4.2 NAME	
STREET ADDRESS	<b>4470 CORNICHE CIRCLE #5</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAM, EUGENE</b>	5.2 NAME	<b>SD Fred Shkinder</b>
STREET ADDRESS	<b>4430 WILLOW POND ROAD</b>	5.3 STREET ADDRESS	<b>4541 Challenger Way, #66</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	5.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>
TITLE	<b>SD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISRAEL, BERT</b>	6.2 NAME	<b>D William Twansky</b>
STREET ADDRESS	<b>4481 CAMROSE LANE</b>	6.3 STREET ADDRESS	<b>4427 B Willow Pond Road</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	6.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>

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 110.07(3)(A), 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: Michael Collura Michael Collura 3/30/95 478 8494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day/Mo/Yr)