

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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
C/O ASSOCIATED PROPERTY MANAGEMENT 400 S. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460

3. Date Incorporated or Qualified **06/09/1983** 3a. Date of Last Report **04/05/1995**
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**
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 25 Country 29 Zip 30 Country

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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLURA, MICHAEL	1.2 NAME	
STREET ADDRESS	4517 WILLOW POND CT., E.	1.3 STREET ADDRESS	→
CITY-ST-ZIP	W. PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, BILL	2.2 NAME	
STREET ADDRESS	4520 DISCOVERY LN #42	2.3 STREET ADDRESS	→
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GEORGE	3.2 NAME	
STREET ADDRESS	4363 WILLOW BROOK CIR.	3.3 STREET ADDRESS	→
CITY-ST-ZIP	W. PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZLOTNICK, SOL	4.2 NAME	D Chiari, Eugene
STREET ADDRESS	4470 CORNICHE CIRCLE #5	4.3 STREET ADDRESS	4470 Corniche Circle
CITY-ST-ZIP	W. PALM BCH. FL	4.4 CITY-ST-ZIP	WPB, FL
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHKINDER, FRED	5.2 NAME	
STREET ADDRESS	4541 CHALLENGER WAY #66	5.3 STREET ADDRESS	→
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURANSKY, WILLIAM	6.2 NAME	D Israel, Burt
STREET ADDRESS	4427B WILLOW POND ROAD	6.3 STREET ADDRESS	4427B Willow Pond Road
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	WPB, 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: Michael Collura 2/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Lakeside Green Recreational Association, Inc.

Board of Directors | 1996 | Continued....

D

Sherr, Eleanor

4483 B Willow Pond Road

WPB, FL
