

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

3. Date Incorporated or Qualified 06/09/1983  
3a. Date of Last Report 04/23/1996

2. Principal Piece 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

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

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLLURA, MICHAEL	
STREET ADDRESS	4517 WILLOW POND CT., E.	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BURKE, BILL	
STREET ADDRESS	4520 DISCOVERY LN #42	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBINSON, GEORGE	
STREET ADDRESS	4363 WILLOW BROOK CIR.	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHIARI, EUGENE	
STREET ADDRESS	4470 CORNICHE CIRCLE	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHKINDER, FRED	
STREET ADDRESS	4541 CHALLENGER WAY #66	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISRAEL, BURT	
STREET ADDRESS	4481 CAMROSE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Waldron, Clifford	
4.3 STREET ADDRESS	4500 Corniche Circle, #7	
4.4 CITY-ST-ZIP	WPB, FL	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sherr, Eleanor - D	
5.3 STREET ADDRESS	4483 Willow Pond Road	
5.4 CITY-ST-ZIP	WPB, FL	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DS LACON, Peter	
6.3 STREET ADDRESS	4441 Camrose Lane	
6.4 CITY-ST-ZIP	WPB, FL	

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 \_\_\_\_\_

CR2E037 (9/96)