

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90077 036 ****61.25

DOCUMENT # 768847

1. Entity 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 33460-4455

00040610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2518204

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY.
SUITE 10
LAKE WORTH FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **COLLURA, MICHAEL**
 STREET ADDRESS ~~4517 WILLOW POND CT., E.~~ **4570 AMHERST DR**
 CITY-ST-ZIP **W. PALM BCH. FL**

TITLE **D** Change Addition
 NAME **James Bosch**
 STREET ADDRESS **4451-A Willow Pond Road**
 CITY-ST-ZIP **WPB. FL. 33417**

TITLE **DV** Delete
 NAME **BURKE, BILL**
 STREET ADDRESS **4520 DISCOVERY LN #42**
 CITY-ST-ZIP **W PALM BCH FL**

TITLE **D** Change Addition
 NAME **Irving Wolfus**
 STREET ADDRESS **4560 Amherst Circle #108**
 CITY-ST-ZIP **WPB. FL. 33417**

TITLE **TD** Delete
 NAME **ROBINSON, GEORGE**
 STREET ADDRESS **4363 WILLOW BROOK CIR.**
 CITY-ST-ZIP **W. PALM BCH. FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WALDREN, CLIFFORD**
 STREET ADDRESS **4500 CORMICHE CIRCLE, #7**
 CITY-ST-ZIP **W. PALM BCH. FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **LACON, PETER**
 STREET ADDRESS **4441 CAMROSE LANE**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Collura
 3/8/2000