

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90235 024 ****61.25

DOCUMENT # 768847

1. Entity Name

LAKESIDE GREEN RECREATIONAL ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Assoc Prop Mgmt
Suite, Apt. #, etc.
1928 Lake Worth Rd

City & State
Lake Worth, FL

Zip Country
33461 USA

3. Mailing Address

Assoc Prop Mgmt
Suite, Apt. #, etc.
1928 Lake Worth Road

City & State
Lake Worth, FL

Zip Country
33461 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2518204**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Associated Property Management*
Street Address (P.O. Box Number is Not Acceptable)
1928 Lake Worth Road
City *Lake Worth* FL Zip Code *33461*

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE: *[Signature]*

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

Agent

(NOTE: Registered Agent signature required when reinstating)

3/25/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COLLURA, MICHAEL	
STREET ADDRESS	4570 AMHERST DR #87	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WOLFUS, IRVING	
STREET ADDRESS	4560 AMHERST CIRCLE 3#08	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIDONATO, ANGELO	
STREET ADDRESS	4325 WILLOW BROOK CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDREN, CLIFFORD	
STREET ADDRESS	4500 CORMICHE CIRCLE, #7	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LACON, PETER	
STREET ADDRESS	4441 CAMROSE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, DIANE	
STREET ADDRESS	4387 D WILLOW POND ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*

CR2037 (10/02)