

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

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90046 020 \*\*\*\*61.25

0040434

**DOCUMENT # N02119**

1. Entity Name

**LAKESIDE GREEN I/B HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**ASSOC. PROP. MGMT  
400 S. DIXIE HWY #10  
LAKE WORTH FL 33460**

Mailing Address

**ASSOC. PROP. MGMT  
400 S. DIXIE HWY #10  
LAKE WORTH FL 33460**

2. Principal Place of Business

**Assoc. Prop. Mgmt**

3. Mailing Address

**1928 Lake Worth Rd**

Suite, Apt. #, etc.

**1928 Lake Worth Rd**

Suite, Apt. #, etc.

City & State

**Lake Worth, FL**

City & State

**Lake Worth, FL**

Zip

**33461**

Country

Zip

**33461**

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2410266**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ASSOC. PROPERTY MANAGEMENT  
400 S. DIXIE HWY #10  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **Associated Property Mgmt.**

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

**1928 Lake Worth Rd**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/10/03**

**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	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ORNSTEIN, ANN</b>	
STREET ADDRESS	<b>4349 WILLOW POND CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUGKELMA, MICHAEL</b>	
STREET ADDRESS	<b>4377 WILLOW BROOK CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHACHTER, SHEILA</b>	
STREET ADDRESS	<b>4303 WILLOW BROOK CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIDONATO, ANGELO</b>	
STREET ADDRESS	<b>4325 WILLOW BROOK CIR</b>	
CITY-ST-ZIP	<b>WEST PALM BCH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>COHN, ARNOLD</b>	
STREET ADDRESS	<b>4359 WILLOW POND CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COLYER, JUANITA</b>	
STREET ADDRESS	<b>4377 WILLOW POND CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	

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	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUGLIELMO, MICHAEL</b>	
STREET ADDRESS	<b>4377 WILLOW BROOK CIRCLE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	
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 REQUIRED**

*Michael Guglielmo*

CR2E037 (10/02)