

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

**APPROVED AND FILED**

95 MAR 10 PM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N08519 (3)**  
1. Corporation Name  
**LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 5, INC**

Principal Place of Business Mailing Address  
C/O ASSOCIATED PROPERTY MANAGEMENT P O BOX 831 LAKE WORTH FL 33460  
C/O ASSOCIATED PROPERTY MANAGEMENT P O BOX 831 LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **04/04/1985** 3a. Date of Last Report **03/23/1994**  
4. FEI Number **59-2739311** Applied For Not Applicable

2. Principal Place 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

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
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 SOUTH DIXIE HWY, STE 10  
LAKE WORTH 33460**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<del>PD</del>
NAME	<del>CHARI, EUGENE</del>
STREET ADDRESS	<del>4443-D WILLOW POND RD-</del>
CITY-ST-ZIP	<del>W- PALM BEACH FL</del>
TITLE	VD
NAME	TURANSKY, WILLIAM
STREET ADDRESS	4427-B WILLOW POND RD
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	VD
NAME	ROUSE, LESLIE J
STREET ADDRESS	4491D WILLOW POND RD
CITY-ST-ZIP	W PALM BCH FL
TITLE	OTD
NAME	STRENROSE, DAVID
STREET ADDRESS	4451-B WILLOW POND ROAD
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	PD
NAME	SCHREIBER, JANET
STREET ADDRESS	4371B WILLOW POND RD
CITY-ST-ZIP	W PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>S/D Nicoletta Roccanova Bruno</i>
1.3 STREET ADDRESS	<i>4339C Willow Pond Road</i>
1.4 CITY-ST-ZIP	<i>WPB, FL</i>
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Janet Schreiber* **JANET SCHREIBER** 2-23-95 907-642-5224  
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #