

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date incorporated or Qualified **04/04/1985** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **59-2739311** 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

10. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
400 SOUTH DIXIE HWY, STE 10
LAKE WORTH 33460**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRUNO, NICOLETTA R	
STREET ADDRESS	4443-D WILLOW POND RD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TURANSKY, WILLIAM	
STREET ADDRESS	4427-B WILLOW POND RD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROUSE, LESLIE J	
STREET ADDRESS	4491D WILLOW POND RD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STENROSE, DAVID	
STREET ADDRESS	4451-B WILLOW POND ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHREIBER, JANET	
STREET ADDRESS	4374B WILLOW POND RD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Louis Collura	
1.3 STREET ADDRESS	4371-D Willow Pond Rd	
1.4 CITY-ST-ZIP	WPB, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eleanor Scherr	
2.3 STREET ADDRESS	4493 B Willow Pond Road	
2.4 CITY-ST-ZIP	WPB, FL	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lawrence Miniemi	
5.3 STREET ADDRESS	4403A Willow Pond Road	
5.4 CITY-ST-ZIP	WPB, FL	
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 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E037 (12/95)