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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N08519

(3)

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 5, INC

	o of Business	Mailing Address				W 1873 MININ MININ PINI WIWI NINI NINI NINI
	ED PROPERTY MANAGEMENT	C/O ASSOCIATED PROPI	ERTY MANA	GEMENT		
O BOX 831		P O BOX 831				
ake worth f	L 33460	LAKE WORTH FL 33460-0	JO31		3. Date Incorporated or Qualified 04/04/1985	3a. Date of Last Report 03/26/1996
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number	Applied f
<u> </u>		26			59-2739311	Not Appl
Suite, Apt. 4	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition
2		27			5. Sermone of oldings beside	Fee Required
City & State	;	City & State			6. Election Campaign Financing	\$ 5.00 May B
<u> </u>		28	-T		Trust Fund Contribution	Added to Feet
_ Z(p □	Country	Zip	Coun	iry	8. This corporation has liability fo	r intangible tax under s. 199.0 Yes (199.0)
<u> </u>	25 9. Name and Address of Curren	t Registered Agent	30		Florida Statutes 10. Name and Address of New R	
	3. Harris and Madicas of Adition	Triogramma rigorit		Name	TO. Isalio atta ridarpad di itari	OB OLO MAN
ACCOOL	ATED PROPERTY MANAGEMENT	•	L			
	ITH DIXIE HWY, STE 10			82 Street Address (P.O. Box Number is Not Acceptable)		able)
	ORTH 33460			B3		
CANE W	UNITI 33400					
			[1	34 City		FL 85 Zip Code
1 Pursuant t	o the provisions of Sections 617 050	2 and 617 1508 Florida Stati	ites the abi	ove-named	corporation submits this statement for the	
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the cor	poration's board of directors. I hereby according	ept the appointment as registe
agent. I ar	m familiar with, and accept the obliga	ations of, Section 617.0503, F	-lorida Statu	ites.		
SIGNATURE _	Sign if we typed or printed name of registered age:	nt and little if applicable (NC	TE: Registered	Agent signature	e required when reinstating)	DATE
2.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 1
ITLE .	# D	DELETE	1.1 TITL	E		Change A
IAME	COLLURA, LOUIS		1.2 NA	AE.		•
TOTEL ADDICATE	4371 S WILLOW POND ROAD	`		EET ADDRESS		
STREET ADDRESS	437 I S TRILLOTT FORD NOND	,	1.3 STR	EL LINDIILOG		
ł	WEST PALM BEACH FL	,	- 1	Y-ST-ZIP		
CITY+S1-ZIP	WEST PALM BEACH FL	DELETE	- 1	Y-ST-ZIP		Change A
CITY+S1+ZIP TILE	WEST PALM BEACH FL TO P SCHERR, ELEANOR	DELETE	1.4 CIT	Y-ST-ZIP E		€ Change
DITY+ST-ZIP DITLE NAME	WEST PALM BEACH FL TO P SCHERR, ELEANOR 4483 B WILLOW POND ROAD	DELETE	1.4 CITY 2.1 TITU 2.2 NAM	Y-ST-ZIP E		Ø Change □ A
CHY+ST-ZIP TITLE NAME STREET ADDRESS	WEST PALM BEACH FL TO P SCHERR, ELEANOR 4483 B WILLOW POND ROAD WEST PALM BEACH FL	DELETE	1.4 CIT 2.1 TITU 2.2 NAM 2.3 STR	Y-ST-ZIP E Me		
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SIGNATURE: A DILLEGE - 2-22-10-11

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Secretary of State

Davtime Prione # nnagnas