FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

N08519

(3)

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 5, INC

Mailing Address Principal Place of Business C/O ASSOCIATED PROPERTY MANAGEMENT C/O ASSOCIATED PROPERTY MANAGEMENT 3. Date incorporated or Qualified P O BOX 831 P O BOX 831 04/04/1985 LAKE WORTH FL 33460 LAKE WORTH FL 33460 4. FEI Number Applied For Not Applicable 59-2739311 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 27 22 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ No Yes 28 23 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ASSOCIATED PROPERTY MANAGEMENT 82 Street Address (P.O. Box Number is Not Acceptable) 400 SOUTH DIXIE HWY, STE 10 **B3** LAKE WORTH 33460 84 City Zip Code 85 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE Change 1.1 TITLE TITLE Groll, Joseph COLLURA, LOUIS 1.2 NAME NAME 4457 A Willow Pond Road < 4371 S WILLOW POND ROAD 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME SCHERR, ELEANOR 2.2 NAME 4483 B WILLOW POND ROAD STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change T Addition 3.1 TITLE TITLE **KELLY, DIANE** 3.2 NAME NAME 43870 WILLOW POND ROAD STREET ADDRESS 3.3 STREET ADDRESS W PALM BCH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE STRENROSE, DAVID 4 2 NAME NAME 4451-B WILLOW POND ROAD 4.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE MININNI, LAWRENCE 5.2 NAME NAME 4403A WILLOW POND ROAD STREET ADDRESS 5.3 STREET ADDRESS

14. 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 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 If changed, or on an attachment with an address.

国出版机用编制的

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

WEST PALM BEACH FL

13/12/92

Change

Addition

FILED

Mar 24 1998 8:00am

Secretary of State