

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90002 017 ****61.25

L10030004



DO NOT WRITE IN THIS SPACE

DOCUMENT # N08519

1. Entity Name

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 5, INC

Principal Place of Business C/O ASSOCIATED PROPERTY MANAGEMENT P O BOX 831 LAKE WORTH FL 33460	Mailing Address C/O ASSOCIATED PROPERTY MANAGEMENT P O BOX 831 LAKE WORTH FL 33460-0831
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2739311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

 City **FL** Zip Code _____

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

<input checked="" type="checkbox"/> BD NAME: BOSCH, JAMES STREET ADDRESS: 4451 A WILLOW POND RD CITY-ST-ZIP: W PALM BEACH FL	<input type="checkbox"/> Delete
<input checked="" type="checkbox"/> DV NAME: NEWHOOK, TED STREET ADDRESS: 4443 C WILLOW POND RD CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> Delete
<input checked="" type="checkbox"/> PD NAME: KELLY, DIANE STREET ADDRESS: 43870 WILLOW POND ROAD CITY-ST-ZIP: W PALM BCH FL	<input type="checkbox"/> Delete
<input checked="" type="checkbox"/> TDS NAME: STRENROSE, DAVID STREET ADDRESS: 4451-B WILLOW POND ROAD CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> Delete
<input checked="" type="checkbox"/> DV NAME: MININI, LAWRENCE STREET ADDRESS: 4403A WILLOW POND ROAD CITY-ST-ZIP: WEST PALM BEACH FL	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<input checked="" type="checkbox"/> VD NAME: Joseph Kroll STREET ADDRESS: 4457 A Willow Pond Road CITY-ST-ZIP: WPB, FL 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/99)