

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

0054103

03-26-2001 90024 011 ****61.25

DOCUMENT # N08519

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2739311

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D ✓	<input type="checkbox"/> Delete
NAME	BOSCH, JAMES	
STREET ADDRESS	4451 A WILLOW POND RD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D ✓	<input checked="" type="checkbox"/> Delete
NAME	NEWHOOK, TED	
STREET ADDRESS	4443 G WILLOW POND RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, DIANE	
STREET ADDRESS	43870 WILLOW POND ROAD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	STRENROSE, DAVID	
STREET ADDRESS	4451-B WILLOW POND ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KROLL, JOSEPH	
STREET ADDRESS	4457 A WILLOW POND RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KROLL, CORALIZ	
STREET ADDRESS	4457 A WILLOW POND RD	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Joseph Krull, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-22-01** Daytime Phone # **561-471-3075**

CR2E037 (10/00)