

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90043 014 \*\*\*\*61.25

**DOCUMENT # N08519**

1. Entity Name

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 5, INC.



Principal Place of Business

1928 LAKE WORTH ROAD  
LAKE WORTH FL 33461

Mailing Address

1928 LAKE WORTH ROAD  
LAKE WORTH FL 33461

94035887



MOORE CR2E037 (11/03)

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  
1928 LAKE WORTH ROAD  
LAKE WORTH FL 33461

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VD  Delete  
 NAME: FITZPATRICK, JAYNE  
 STREET ADDRESS: 4451 A WILLOW POND RD  
 CITY-ST-ZIP: W PALM BEACH FL

TITLE: PD  Delete  
 NAME: KELLY, DIANE  
 STREET ADDRESS: 4387-D WALLOW POND ROAD  
 CITY-ST-ZIP: WEST PALM BEACH FL 33417

TITLE: TDS  Delete  
 NAME: STENROSE, DAVID  
 STREET ADDRESS: 4451-B WILLOW POND ROAD  
 CITY-ST-ZIP: WEST PALM BEACH FL

TITLE: D  Delete  
 NAME: VEVERA, MARY  
 STREET ADDRESS: 4379 C WILLOW POND ROAD  
 CITY-ST-ZIP: WEST PALM BEACH FL 33417

TITLE: D  Delete  
 NAME: STRVATO, JAMES  
 STREET ADDRESS: 4395 C WILLOW POND COURT  
 CITY-ST-ZIP: WEST PALM BEACH FL 33417

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: TDS  Change  Addition  
 NAME: STENROSE, DAVID  
 STREET ADDRESS: 4451-B WILLOW POND RD.  
 CITY-ST-ZIP: WEST PALM BEACH, FL 33417

TITLE: D  Change  Addition  
 NAME: VEVERKA, MARY  
 STREET ADDRESS: 4379-C WILLOW POND RD.  
 CITY-ST-ZIP: WEST PALM BEACH, FL 33417

TITLE: D  Change  Addition  
 NAME: STRAVATO, JAMES  
 STREET ADDRESS: 4395-C WILLOW POND CT.  
 CITY-ST-ZIP: WEST PALM BEACH, FL 33417

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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: *Diane L. Kelly Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-04

Date

Daytime Phone #