


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90372 030 ****61.25

DOCUMENT # N08519

1. Entity Name
 LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 5, INC.



Principal Place of Business
 PRIME MGMT GROUP
 400 TONEY PENNA ROAD
 JUPITER, FL 33458

Mailing Address
 PRIME MGMT GROUP
 400 TONEY PENNA ROAD
 JUPITER, FL 33458

2. Principal Place of Business: No P.O. Box #
 2074 Indiantown Rd. Suite, Apt. #, etc. 200

3. Mailing Address:
 2074 Indiantown Rd. Suite, Apt. #, etc. 200

City & State
 Jupiter, FL. City & State Jupiter, FL.

Zip Country Zip Country
 33458 USA 33458 USA

40034395



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2739311 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DICKER, KRIVOK & STOLOFF P.A.
 1818 AUSTRALIAN AVE SOUTH
 STE 400
 WEST PALM BEACH, FL 33409

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

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	D	<input type="checkbox"/> Delete
NAME	WENK, CRAIG	
STREET ADDRESS	4499 -D WILLOW POND ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PIAZZOLA, JOSEPH	
STREET ADDRESS	4411-C WILLOW POND ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STENROSE, DAVID	
STREET ADDRESS	4451 B. WILLOW POND RD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VEVERKA, MARY	
STREET ADDRESS	4379-C WILLOW POND RD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, NORMA	
STREET ADDRESS	441-D WILLOW POND ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kuznet, Adam	
STREET ADDRESS	4403-D Willow Pond Rd.	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Finney, Tari	
STREET ADDRESS	4411-B Willow Pond Rd.	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick, Thom	
STREET ADDRESS	4355-C Willow Pond Rd.	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veverka, Mary	
STREET ADDRESS	4379 C Willow Pond Rd.	
CITY-ST-ZIP	West Palm Beach, FL 33417	
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 exemptions contained in Chapter 119, 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: Norma L. Hayes **NORMA L. HAYES** 2/23/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #