

N08519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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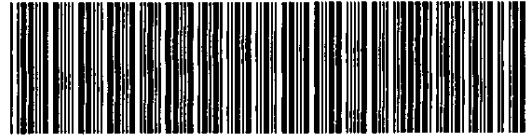
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
11 JUN 27 AM 11:13

*R-A. Chong*  
C.COULLETTE

JUN 28 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAKESIDE GREEN HOMEOWNERS ASSOCIATION #5, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N08519

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

BEVERLY COLLURA  
Name of Contact Person

ASSOCIATED PROPERTY MANAGEMENT  
Firm/Company

1928 LAKE WORTH RD.  
Address

LAKE WORTH FL 33461  
City/State and Zip Code

WORDPROCESS@ASSOCPROP.MGT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEVERLY COLLURA at (561) 588-7210  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

JUN 08 2011

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKESIDE GREEN HOMEOWNERS ASSOCIATION #5, INC.

2. The principal office address: 90 APRM, 1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N08519

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GARY FIELDS, ESQ  
ADMIRALTY TOWER #900  
4400 PEA BLVD.  
PALM BEACH GARDENS, FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

EDWARD DICKER, ESQ.  
1818 AUSTRALIAN AVE. So. #400  
P.O. Box NOT acceptable  
WEST PALM BEACH, FL 33409

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Mary L Jewecka  
Signature of an officer or director

\_\_\_\_\_  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Edward Decker  
Signature of Registered Agent

5/31/11  
Date

If signing on behalf of an entity:

Edward Decker of Decker Kervel & Stollhoff  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314