

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90046 025 ****61.25

0040461

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**

2. Principal Place of Business

1928 LAKE WORTH ROAD

3. Mailing Address

1928 LAKE WORTH ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number **59-2739311**

Applied For

Not Applicable

Zip

33461

Country

Zip

33461

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ASSOCIATED PROPERTY MANAGEMENT**

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

1928 LAKE WORTH ROAD

City

LAKE WORTH

FL

Zip Code **33461**

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

3/10/03

FILE NOW: FEE IS \$61.25

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** 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 **43870 WILLOW POND ROAD**
CITY-ST-ZIP **W PALM BCH.FL**

TITLE **TDS** Delete
NAME **STRENROSE, 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 33412**

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 **VD** Change Addition
NAME **JAYNE FITZPATRICK**
STREET ADDRESS **4451-C WILLOW POND ROAD**
CITY-ST-ZIP **WPB, FL 33417**

TITLE **PD** Change Addition
NAME **DIANE KELLY**
STREET ADDRESS **4387-D WILLOW POND ROAD**
CITY-ST-ZIP **WPB, FL 33417**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Change Addition
NAME **MARY VEVERKA**
STREET ADDRESS **4379-C WILLOW POND ROAD**
CITY-ST-ZIP **WPB, FL 33417**

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 Kelly** REQUIRED

CFR2E037 (10/02)