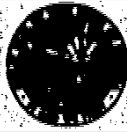


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24499** (8)
1. Corporation Name
LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2300 TREASURE ISLE DR PALM BEACH GARDENS FL 33410 **2300 TREASURE ISLE DR PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified **01/26/1988** 3a. Date of Last Report **08/02/1994**

4. FEI Number **65-0054017** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**PARENT, ARTHUR
2300 TREASURE ISLE DR
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYER, TOWNSEND JR 2438 TREASURE ISLE B08 PALM BCH GDNS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUSINS, RALPH 2306 TREASURE ISLE B20 PALM BCH GDNS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUMMERS, JOAN 2444 TREASURE ISLE B07 PALM BCH GDNS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLEEVEN, JACK 2420 TREASURE ISLE DRIVE B-11 PALM BCH GDNS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Ruth Mayer 2438 Treasure Isle Dr. B08 Palm Bch. Gdns. FL 33410
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Summers, Joan 2444 Treasure Isle Dr. B17 Palm Bch. Gdns. FL 33410
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fd Loisze Darby 2438 Treasure Isle Dr. Palm Bch. Gdns. FL 33410
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Ruth Staehle 2438 Treasure Isle Dr. B01 Palm Bch. Gdns. FL 33410
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D William Hebrank 2462 Treasure Isle Dr. B04 Palm Bch. Gdns. FL 33410

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Mayer 4/17/95 Secretary
WOMANLINE AND TYPED OR PRINTED NAME OF WOMAN OFFICER OR DIRECTOR Data Daytime Phone #
Ruth Mayer