

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24499 (8)

1. Corporation Name
LAKESIDE NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
2389 TREASURE ISLE DR PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified **01/26/1988** 3a. Date of Last Report **04/21/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0054017	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARENT, ARTHUR 2389 TREASURE ISLE DR PALM BEACH GARDENS FL 33410				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAYER, TOWNSEND JR			1.2 NAME	SD Lenore Pinello		
STREET ADDRESS	2438 TREASURE ISLE BOB			1.3 STREET ADDRESS	2438 Treasure Isle Dr		
CITY-ST-ZIP	PALM BEACH GARDENS FL			1.4 CITY-ST-ZIP	Palm Beach Gdn, FL 33408		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYER, RUTH			2.2 NAME			
STREET ADDRESS	2438 TREASURE ISLE DR BOB			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOMMERS, JOAN			3.2 NAME			
STREET ADDRESS	2444 TREASURE ISLE DR B7			3.3 STREET ADDRESS			
CITY-ST-ZIP	PLM BEACH GARDENS FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DARBY, LOUISE			4.2 NAME			
STREET ADDRESS	2432 TREASURE ISLE DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STACHLE, RUTH			5.2 NAME			
STREET ADDRESS	2480 TREASURE ISLE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BNEACH GARDENS FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HWBRANK, WILLIAM			6.2 NAME			
STREET ADDRESS	2462 TREASURE ISLE DR B04			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL			6.4 CITY-ST-ZIP			

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Joan C. Sommers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)