


5-13-98 B 7290 C
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FILED
 May 13 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
 2389 TREASURE ISLE DR PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified
 01/26/1988
 4. FEI Number
 65-0054017
 Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 PARENT, ARTHUR
 2389 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 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 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LENORE | 1.2 NAME | Charles |
| STREET ADDRESS | 2438 TREASURE ISLE DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SOMMERS, JOAN | 2.2 NAME | Charles Gennarelli |
| STREET ADDRESS | 2444 TREASURE ISLE DR B7 | 2.3 STREET ADDRESS | 2378 Treasure Isle Dr. |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 2.4 CITY-ST-ZIP | Palm Beach Gardens FL 33410 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DARBY, LOUISE | 3.2 NAME | |
| STREET ADDRESS | 2432 TREASURE ISLE DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STACHLE, RUTH | 4.2 NAME | |
| STREET ADDRESS | 2480 TREASURE ISLE DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BNEACH GARDENS FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HWRANK, WILLIAM | 5.2 NAME | |
| STREET ADDRESS | 2462 TREASURE ISLE DR B04 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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: *Arthur Parent* 4/29/98 561-024-1099

CP2E037 (10/97)