

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02119

1. Entity Name

LAKESIDE GREEN II-B HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90039 001 ****61.25

Principal Place of Business

Mailing Address

ASSOC. PROP. MGMT
400 S. DIXIE HWY #10
LAKE WORTH FL 33460

ASSOC. PROP. MGMT
400 S. DIXIE HWY #10
LAKE WORTH FL 33460-4455

A0030950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2410266

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASSOC. PROPERTY MANAGEMENT
400 S. DIXIE HWY #10
LAKE WORTH FL 33460

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGLIEMMO, MIKE		NAME	Sallman, Janet	
STREET ADDRESS	4377 WILLOW BROOK CIRCLE		STREET ADDRESS	4271 Willow Pond Circle	
CITY-ST-ZIP	WPB FL		CITY-ST-ZIP	WPB FL 33417	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, PETER		NAME	ORNSTEIN, Ann V.	
STREET ADDRESS	4347 WILLOW POND CIRCLE		STREET ADDRESS	4349 Willow Pond Circle	
CITY-ST-ZIP	W PALM BCH. FL		CITY-ST-ZIP	WPB FL 33417	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHACHTER, SHEILA		NAME	Millman, Gail	
STREET ADDRESS	4303 WILLOW BROOK CIRCLE		STREET ADDRESS	4345 Willow Brook Circle	
CITY-ST-ZIP	WPB FL		CITY-ST-ZIP	WPB FL 33417	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, FELICIA		NAME		
STREET ADDRESS	4363 WILLOW BROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WPB FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIDONATO, ANGELO		NAME		
STREET ADDRESS	4325 WILLOW BROOK CIR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)