

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

APPROVED
AND
FILED

95 MAY -1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 710271 (8)

1. Corporation Name
LAKESIDE POINT APARTMENT NO. 5 ASSOCIATION, INC.

Principal Place of Business 2180 LAKE OSBORNE DRIVE LAKE WORTH FL 33461 US	Mailing Address 2001 20TH LANE D'AGOSTINO, TREAS. LAKE WORTH FL 33463 US
--	--

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1966	3a. Date of Last Report 04/13/1994
4. FEI Number 59-2231490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**D'AGOSTINO, MARY ANN
2001 20TH LANE
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE POS	NAME OOMS, HERBERT	1.1 TITLE	
STREET ADDRESS 2180 LK OSBORNE DR #14	CITY-ST-ZIP LAKE WORTH FL	1.2 NAME	
TITLE VPD	NAME WELTON, JAMES	1.3 STREET ADDRESS	2000141300 Addition
STREET ADDRESS 2180 LAKE OSBORNE DR #3	CITY-ST-ZIP LAKE WORTH FL	1.4 CITY- ST- ZIP	-05/04/95--01011--015
TITLE D	NAME NELL, GENE	2.1 TITLE	****130.00 ****130.00
STREET ADDRESS 2180 LAKE OSBORNE DR #9	CITY-ST-ZIP LAKE WORTH FL	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME CRAY, JACK	2.3 STREET ADDRESS	VPD
STREET ADDRESS 2180 LK OSBORNE DR #7	CITY-ST-ZIP LAKE WORTH FL	2.4 CITY- ST- ZIP	SAM D'AGOSTINO
TITLE DT	NAME D'AGOSTINO, MARY ANN	3.1 TITLE	2001-20th Ln.
STREET ADDRESS 2001 20TH LANE	CITY-ST-ZIP LAKE WORTH FL	3.2 NAME	LAKE WORTH, FL 33463
TITLE	NAME	3.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY- ST- ZIP	JAMES WELTON (Director)
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	DELETE NAME
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	Sec.
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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 110.07(3)(A), 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 trustee or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Mary Ann D'Agostino DATE: 4-5-95 407 967-3670
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATING OFFICER OR DIRECTOR