

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthland
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**

3. Date Incorporated or Qualified: **01/26/1966**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2231490**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 2180 Lake Osborne Dr**
Suite, Apt. #, etc.: **27 #15**
City & State: **28 Lake Worth, FL**
Zip: **29 33461** Country: **30 US**

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: Pamela N. Russell, Treas.
82 Street Address (P.O. Box Number is Not Acceptable): 2180 Lake Osborne Dr.
83 #15
84 City: Lake Worth FL 85 Zip Code: 33461

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: **PAMELA N. Russell, Treasurer** *Pamela N. Russell* **1-29-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PBS D/V	<input type="checkbox"/> DELETE
NAME	OOMS, HERBERT	
STREET ADDRESS	2180 LK OSBORNE DR #14	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VPO	<input checked="" type="checkbox"/> DELETE
NAME	D'AGOSTINO, SAM	
STREET ADDRESS	2001-20TH LN	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D/P	<input type="checkbox"/> DELETE
NAME	WELTON, JAMES	
STREET ADDRESS	2180 LAKE OSBORNE DR #3	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DTS	<input checked="" type="checkbox"/> DELETE
NAME	D'AGOSTINO, MARY ANN	
STREET ADDRESS	2001 20TH LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gene Nell	
2.3 STREET ADDRESS	2180 Lake Osborne Dr. #9	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	
3.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pamela N. Russell	
4.3 STREET ADDRESS	2180 Lake Osborne Dr. #15	
4.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	
5.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dorothy J. Pinto	
5.3 STREET ADDRESS	2180 Lake Osborne Dr. #2	
5.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: **PAMELA N. Russell, Treas.** *Pamela N. Russell* **1-29-96** ⁴⁰⁷⁻ **547-4426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)