

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 # 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 Suite, Apt. #, etc.
22 City & State
23 Zip 25 Country
24 25 29 30
2a. Mailing Address
26 2180 Lake Osborne Dr
27 Suite, Apt. #, etc.
27 #15
28 City & State
28 Lake Worth, FL
29 Zip 33461 30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Pamela N. Russell, Treas.
82 Street Address (P.O. Box Number is Not Acceptable)
82 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PBS D/V	1.1 TITLE	D/V
NAME	OOMS, HERBERT	1.2 NAME	
STREET ADDRESS	2180 LK OSBORNE DR #14	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	D
NAME	D'AGOSTINO, SAM	2.2 NAME	Gene Nell
STREET ADDRESS	2001-20TH LN	2.3 STREET ADDRESS	2180 Lake Osborne Dr. #9
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	D/P	3.1 TITLE	D/P
NAME	WELTON, JAMES	3.2 NAME	
STREET ADDRESS	2180 LAKE OSBORNE DR #3	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	
TITLE	DTS	4.1 TITLE	D/T
NAME	D'AGOSTINO, MARY ANN	4.2 NAME	Pamela N. Russell
STREET ADDRESS	2001 20TH LANE	4.3 STREET ADDRESS	2180 Lake Osborne Dr. #15
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE		5.1 TITLE	D/S
NAME		5.2 NAME	Dorothy J. Pinto
STREET ADDRESS		5.3 STREET ADDRESS	2180 Lake Osborne Dr. #2
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lake Worth, FL 33461
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 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)