

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 710271 (8)
1. Corporation Name
LAKESIDE POINT APARTMENT NO. 5 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 LAKE OSBORNE DRIVE
LAKE WORTH FL 33461
US2180 LAKE OSBORNE DRIVE
#9
LAKE WORTH FL 33461-5644
US3. Date Incorporated or Qualified
01/26/19663a. Date of Last Report
02/07/1996

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

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4. FEI Number
59-2231490Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RUSSELL, PAMELA N
2180 LAKE OSBOURNE DRIVE
15
LAKE WORTH FL 33461~~

81 Name

H. Eugene Nell

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

2180 LAKE OSBOURNE DRIVE #9

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D. ☐ DELETE
NAME OOMS, HERBERT
STREET ADDRESS 2180 LK OSBORNE DR #14
CITY-ST-ZIP LAKE WORTH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D. ☐ DELETE
NAME NELL, H. Eugene
STREET ADDRESS 2180 LAKE OSBOURNE DRIVE, #9
CITY-ST-ZIP LAKE WORTH FL 334612.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D. ☐ DELETE
NAME WELTON, JAMES
STREET ADDRESS 2180 LAKE OSBORNE DR #3
CITY-ST-ZIP LAKE WORTH FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DT ☒ DELETE
NAME RUSSELL, PAMELA N
STREET ADDRESS 2180 LAKE OSBOURNE DRIVE, # 15
CITY-ST-ZIP LAKE WORTH FL 334614.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DS ☒ DELETE
NAME PINTO, DOROTHY J
STREET ADDRESS 2180 LAKE OSBOURNE DRIVE, #2
CITY-ST-ZIP LAKE WORTH FL 334615.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Acting S/T
6.3 STREET ADDRESS Leann VanderWoude
6.4 CITY-ST-ZIP 1510 LEE COURT
LAKE WORTH, FL 33461

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043589

CR2E037 (9/96)