

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
2180 LAKE OSBORNE DRIVE LAKE WORTH FL 33461 US
2180 LAKE OSBORNE DRIVE #9 LAKE WORTH FL 33461-5644 US

3. Date Incorporated or Qualified 01/26/1966 3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2231490 Applied For Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27 City & State City & State
23 28 Zip Country Zip Country
24 25 29 30
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 [x] No

9. Name and Address of Current Registered Agent
~~RUSSELL, PAMELA N
2180 LAKE OSBOURNE DRIVE # 15
LAKE WORTH FL 33461~~

10. Name and Address of New Registered Agent
81 Name H. Eugene Nell
82 Street Address (P.O. Box Number is Not Acceptable) 2180 LAKE OSBORNE 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: *H. Eugene Nell* (NOTE: Registered Agent signature required when reinstating) DATE: 2-25-97

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME OOMS, HERBERT
STREET ADDRESS 2180 LK OSBORNE DR #14
CITY-ST-ZIP LAKE WORTH FL
TITLE [] DELETE
NAME NELL, H. Eugene
STREET ADDRESS 2180 LAKE OSBOURNE DRIVE, # 9
CITY-ST-ZIP LAKE WORTH FL 33461
TITLE [] DELETE
NAME WELTON, JAMES
STREET ADDRESS 2180 LAKE OSBORNE DR #3
CITY-ST-ZIP LAKE WORTH FL
TITLE [x] DELETE
NAME RUSSELL, PAMELA N
STREET ADDRESS 2180 LAKE OSBOURNE DRIVE, # 15
CITY-ST-ZIP LAKE WORTH FL 33461
TITLE [x] DELETE
NAME PINTO, DOROTHY J
STREET ADDRESS 2180 LAKE OSBOURNE DRIVE, #2
CITY-ST-ZIP LAKE WORTH FL 33461
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [x] Addition
6.2 NAME Acting S/O
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: *H. Eugene Nell* (NOTE: Registered Agent signature required when reinstating) DATE: 2-25-97 Daytime Phone # 0043589

CR2E037 (9/96)