

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90086 019 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710271**

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 2180 LAKE OSBORNE DRIVE # 15 LAKE WORTH FL 33461 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/26/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2231490
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	
	Zip 30	

9. Name and Address of Current Registered Agent  NELL, H. E 2180 LAKE OSBORNE DRIVE #9 LAKE WORTH FL 33461	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OOMS, HERBERT	12 NAME	
STREET ADDRESS	2180 LK OSBORNE DR #14	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELL, E. EUGENE	22 NAME	
STREET ADDRESS	2180 LAKE OSBOURNE DRIVE, # 9	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELTON, JAMES	32 NAME	
STREET ADDRESS	2180 LAKE OSBORNE DR #3	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	34 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERWOUDE, LEANN	42 NAME	
STREET ADDRESS	1510 LEE COURT	43 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, PAMELA	52 NAME	William Kilcourse
STREET ADDRESS	2180 LAKE OSBORNE DR	53 STREET ADDRESS	2180 LAKE OSBORNE DR.
CITY-ST-ZIP	LAKE WORTH FL 33461	54 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: James T. Welton      James T. Welton      3-10-99      561 582-8443  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (1/198)