


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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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 710271</b>					
1. Corporation Name <b>LAKESIDE POINT APARTMENT NO. 5 ASSOCIATION, INC.</b>					
Principal Place of Business <b>2180 LAKE OSBORNE DRIVE LAKE WORTH FL 33461 US</b>			Mailing Address <b>2180 LAKE OSBORNE DRIVE # 15 LAKE WORTH FL 33461 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>01/26/1966</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2231490</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>NELL, H. E 2180 LAKE OSBORNE DRIVE #9 LAKE WORTH FL 33461</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
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 _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	OOMS, HERBERT				
STREET ADDRESS	2180 LK OSBORNE DR #14				
CITY-ST-ZIP	LAKE WORTH FL				
TITLE	P <input type="checkbox"/> DELETE				
NAME	NELL, E. EUGENE				
STREET ADDRESS	2180 LAKE OSBOURNE DRIVE, # 9				
CITY-ST-ZIP	LAKE WORTH FL				
TITLE	VP <input type="checkbox"/> DELETE				
NAME	WELTON, JAMES				
STREET ADDRESS	2180 LAKE OSBORNE DR #3				
CITY-ST-ZIP	LAKE WORTH FL				
TITLE	ST <input type="checkbox"/> DELETE				
NAME	VANDERWOUDE, LEANN				
STREET ADDRESS	1510 LEE COURT				
CITY-ST-ZIP	LAKE WORTH FL				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	RUSSELL, PAMELA				
STREET ADDRESS	2180 LAKE OSBORNE DR				
CITY-ST-ZIP	LAKE WORTH FL 33461				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



CR2E037 (1/98)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James T Welton* JAMES T WELTON

3-10-99

Date

561 582-8443

Daytime Phone #