

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90049 002 ****61.25

DOCUMENT # 710271

1. Entity 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
15
LAKE WORTH FL 33461
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2231490

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELL, H. E
2180 LAKE OSBORNE DRIVE
#9
LAKE WORTH FL 33461**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. 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 type="checkbox"/> Delete
NAME	KILCOURSE, WILLIAM	
STREET ADDRESS	2180 LAKE OSBORNE DR	
CITY-ST-ZIP	LAKE WORTH FL 33461	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

3/12/01**561 586-0582**

Daytime Phone #

CR2E037 (10/00)