

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90121 045 \*\*\*\*61.25

0036967

**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

**1510 LEE COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**LAKE WORTH, FL**

Zip

Country

Zip

Country

**33461**

**USA**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OOMS, HERBERT</b>	
STREET ADDRESS	<b>2180 LK OSBORNE DR #14</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NELL, E. EUGENE</b>	
STREET ADDRESS	<b>2180 LAKE OSBOURNE DRIVE, # 9</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WELTON, JAMES</b>	
STREET ADDRESS	<b>2180 LAKE OSBORNE DR #3</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>VANDERWOUE, LEANN</b>	
STREET ADDRESS	<b>1510 LEE COURT</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KILCOURSE, WILLIAM</b>	
STREET ADDRESS	<b>2180 LAKE OSBORNE DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	
TITLE		<input type="checkbox"/> Delete
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**

Date

Daytime Phone #

**1/14/02** **561-586-0582**

CR2E037 (9/01)