

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90029 017 \*\*\*\*61.25

**DOCUMENT # 710271**

1. Entity Name

**LAKESIDE POINT APARTMENT NO. 5 ASSOCIATION, INC.**



Principal Place of Business

**2180 LAKE OSBORNE DRIVE  
UNIT 9  
LAKE WORTH FL 33461  
US**

Mailing Address

**1510 LEE CT  
LAKE WORTH FL 33461  
US**

**54025684**



**MOORE CR2E037 (11/03)**

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **OOMS, HERBERT**  
STREET ADDRESS **2180 LK OSBORNE DR #14**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Alexander Gwenn**  
STREET ADDRESS **2180 LAKE OSBORNE DRIVE #21**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **P** ☐ Delete  
NAME **NELL, E. EUGENE**  
STREET ADDRESS **2180 LAKE OSBOURNE DRIVE, # 9**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **WELTON, JAMES**  
STREET ADDRESS **2180 LAKE OSBORNE DR #3**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **VANDERWOUDE, LEANN**  
STREET ADDRESS **1510 LEE COURT**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KILCOURSE, WILLIAM**  
STREET ADDRESS **2180 LAKE OSBORNE DR**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Delete  
NAME **McINTIRE, LILLIAN**  
STREET ADDRESS **2180 LAKE OSBORNE DRIVE #20**  
CITY-ST-ZIP **LAKE WORTH FL 33461** *x Addition*

TITLE ☐ Change ☐ 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

**3/23/04**

Date

**561 586-0582**

Daytime Phone #