

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90391 030 ****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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country


 1st MOORE CR2E037 (10/04)
 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
**NELL, H. E
 2180 LAKE OSBORNE DRIVE
 #9
 LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

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

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 OSBORNE 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	D	<input type="checkbox"/> Delete
NAME	MCINTIRE, LILLIAN	
STREET ADDRESS	2180 LAKE OSBORNE DRIVE #20	
CITY-ST-ZIP	LAKE WORTH FL 33461	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander, Gwen	
STREET ADDRESS	2180 LAKE OSBORNE DRIVE #21	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
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
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:  **3/28/05 561-586-0582**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #