

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90145 006 ****61.25

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1. Entity Name

LAKE SIDE 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

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 running)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

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

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

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

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

TITLE **D** ☐ 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 **VP** ☐ Change ☐ Addition
NAME **McQuade John**
STREET ADDRESS **2180 LK OSBORNE DR #2**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE **D** ☐ Change ☐ Addition
NAME **Marino, Helen**
STREET ADDRESS **2180 LK OSBORNE DR #4**
CITY-ST-ZIP **LAKE WORTH FL 33461**

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

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

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 exemptions contained in Section 119, 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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 **561-586-0582**
Date Daytime Phone #