

# 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



**DOCUMENT # 710271**  
 1. Entity Name  
**LAKESIDE POINT APARTMENT NO. 5 ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**2180 LAKE OSBORNE DRIVE**      **1510 LEE CT**  
**UNIT 9**      **LAKE WORTH FL 33461**  
**LAKE WORTH FL 33461**      **US**  
**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      Applied For  
**59-2231490**      Not Applicable

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

1st MOORE      CR2E037 (10/05)

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 run/stating)      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	<input checked="" 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 checked="" 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	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McQuade John	
STREET ADDRESS	2180 LK OSBORNE DR #2	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marino, Helen	
STREET ADDRESS	2180 LK OSBORNE DR #4	
CITY-ST-ZIP	LAKE WORTH, FL 33461	
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 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: \_\_\_\_\_ DATE: 3/21/06 DAYTIME PHONE #: 561-586-0582