

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710271

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: LAKESIDE POINT APARTMENT NO. 5 ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1510 LEE CT  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

FEI Number: 59-2231490      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NELL, H. E  
2180 LAKE OSBORNE DRIVE  
#9  
LAKE WORTH, FL 33461 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: MCQUADE, JOHN  
Address: 2180 LAKE OSBORNE DR #2  
City-St-Zip: LAKE WORTH, FL 33461

Title: P ( ) Delete  
Name: NELL, E. EUGENE  
Address: 2180 LAKE OSBOURNE DRIVE, # 9  
City-St-Zip: LAKE WORTH, FL

Title: V ( ) Delete  
Name: MARINA, HELEN  
Address: 2180 LAKE OSBORNE DR #4  
City-St-Zip: LAKE WORTH, FL 33461

Title: ST ( ) Delete  
Name: VANDERWOUDE, LEANN  
Address: 1510 LEE COURT  
City-St-Zip: LAKE WORTH, FL

Title: D ( ) Delete  
Name: FITCHETT, CLIFFORD  
Address: 2180 LAKE OSBORNE DR  
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Delete  
Name: MCINTIRE, LILLIAN  
Address: 2180 LAKE OSBORNE DRIVE #20  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: MARINO, HELEN  
Address: 2180 LAKE OSBORNE DR #4  
City-St-Zip: LAKE WORTH, FL 33461

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWELL E NELL

P

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date