


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90092 019 \*\*\*\*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.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2231490**

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

Applied For  
Not Applicable

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 \_\_\_\_\_  
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**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OOMS, HERBERT</b> <b>2180 LK OSBORNE DR #14</b> <b>LAKE WORTH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NELL, E. EUGENE</b> <b>2180 LAKE OSBOURNE DRIVE, # 9</b> <b>LAKE WORTH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WELTON, JAMES</b> <b>2180 LAKE OSBORNE DR #3</b> <b>LAKE WORTH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>VANDERWOUDE, LEANN</b> <b>1510 LEE COURT</b> <b>LAKE WORTH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KILCOURSE, WILLIAM</b> <b>2180 LAKE OSBORNE DR</b> <b>LAKE WORTH FL 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William Kilcourse* **WILLIAM KILCOURSE** 3/15/03 561-586-0582

CR2E037 (10/02)