


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90041 010 ****61.25

DOCUMENT # 712274 1. Entity Name LAKESIDE POINT BUILDING NO. 2 ASSOCIATION, INC.					
Principal Place of Business LAKESIDE PT BLDG 2 ASSOC 2004 LAKE OSBORNE DR #20 LAKE WORTH, FL 33461			Mailing Address LAKESIDE PT BLDG 2 ASSOC 2004 LAKE OSBORNE DR #20 LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2367810	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOTCHKISS, NANCY J 2004 LAKE OSBORNE DR #20 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHECKOSKY, JAMES		NAME		
STREET ADDRESS	2004 LAKE OSBORNE DR #21		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOLITSAS, MARY		NAME		
STREET ADDRESS	2004 LAKE OSBORNE DR #10		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KNIGHT, DAISY		NAME	D Meininki, Leila	
STREET ADDRESS	2004 LAKE OSBORNE DR		STREET ADDRESS	2004 LAKE OSBORNE DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOTCHKISS, NANCY		NAME	Steele, Kenneth	
STREET ADDRESS	2004 LAKE OSBORNE DR		STREET ADDRESS	2004 LAKE OSBORNE DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Nancy J. Hotchkiss</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-7-2008 561-588-4494 <small>Date Daytime Phone #</small>		
Nancy J. Hotchkiss					