

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90060 021 \*\*\*\*70.00

<b>DOCUMENT # 712909</b>					
<b>1. Entity Name</b> LAKESIDE POINT APARTMENT NO. 1 ASSOCIATION, INC. A CONDOMINIUM ASSOCIATION					
<b>Principal Place of Business</b> 1950 LAKE OSBORNE DR APT 3 LAKE WORTH FL 33461			<b>Mailing Address</b> 1950 LAKE OSBORNE DR APT 3 LAKE WORTH FL 33461		
<b>2. Principal Place of Business - No P.O. Box #</b> SAME		<b>3. Mailing Address</b> SAME			
<b>Suite, Apt. #, etc.</b> SAME		<b>Suite, Apt. #, etc.</b> SAME			
<b>City &amp; State</b> SAME		<b>City &amp; State</b> SAME		<b>4. FEI Number</b> NO-T APPLICABLE	
<b>Zip</b> SAME		<b>Country</b> SAME		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BECKER & POLIAKOFF, P.A. ATTN: PETER C MOLLENGARDEN, ESQ 500 AUSTRALIAN AVE S, 9TH FL WEST PALM BEACH FL 33401			<b>7. Name and Address of New Registered Agent</b> Name: SAME Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
<b>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.</b>  SIGNATURE: <u>SAMG AS #6</u>					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/> NO		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> SORAKARI, KAREN 1950 LAKE OSBORNE DRIVE #12 LAKE WORTH FL 33461		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> PALOMBA, CAROL 1950 LK OSBORNE DR, #3 LAKE WORTH FL 33461		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DM</b> PAGE, SUSAN 1950 LK OSBORNE DR, #7 LAKE WORTH FL 33461		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SECRETARY PAGE, SUSAN SAME SAME	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> LUCAS, JANICE 1950 LAKE OSBORNE DR LAKE WORTH FL 33461		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	HALL, KATHY (B.M.) BOARD MEMBER 1950 LAKE OSBORNE DR #6 LAKE WORTH, FLA. 33461	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Carol N. Palomba</u> <b>TREASURER</b>			<u>02/18/02</u> <u>561-582-2054</u>		