2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714113

FILED Feb 09, 2009 Secretary of State

Entity Name: LAKESIDE POINT APARTMENT NO 11 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O ASSET BOOKEEPING 903 ST JAMES ST WEST PALM BEACH, FL 33415 **New Mailing Address: Current Mailing Address:** C/O ASSET BOOKEEPING 903 ST JAMES ST WEST PALM BEACH, FL 33415 FEI Number: 59-1317005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'DONNELL, EILEEN SEC 2381 SUNSET AVENUE **APT 201** LAKE WORTH, FL 33461 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CARREAU, JAMES Name: Name: 2381 SUNSET AVE 212 Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: () Delete Title: () Change () Addition ENILA, MATTIE Name: Name: Address: 2381 SUNSET AVENUE 402 Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: () Delete Title: () Change () Addition LIST, CHARLES Name: Name: 2381 SUNSET AVE 304 Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: () Delete Title: SD Title: () Change () Addition O'DONNELL, EILEEN Name: Name: Address: 2381 SUNSET AVE #201 Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition WOODS, JOYCE Name: Name: DAVE, EAKIN 2381 SUNSET AVE 206 2381 SUNSET AVE 417 Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: LAKE WORTH, FL 33461 Title: () Delete Title: (X) Change () Addition ROBUCK, JOHN ROBUCK, JOHN Name: Name: Address: 2381 SUNSET AVE #501B Address: 2381 SUNSET AVE #501B LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 City-St-Zip: 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: EILEEN O'DONNELL STD 02/09/2009