


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90003 002 \*\*\*\*61.25

**DOCUMENT # 753548**

1. Entity Name  
**LAKESIDE GREEN PATIO HOMES ASSOCIATION, INC.**



Principal Place of Business  
**C/O ASSOCIATED PROPERTY MANAGEMENT  
 1928 LAKE WORTH RD  
 LAKE WORTH, FL 33461 US**

Mailing Address  
**C/O ASSOCIATED PROPERTY MANAGEMENT  
 1928 LAKE WORTH RD  
 LAKE WORTH, FL 33461 US**

**40025299**



2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country

02132007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**ASSOCIATED PROPERTY MANAGEMENT  
 1928 LAKE WORTH ROAD  
 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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD  Delete  
 NAME JUSTO, JEANNETTE  
 STREET ADDRESS 4516 BROOK DR  
 CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME RAHEY, RICHARD G  
 STREET ADDRESS 4480 BROOK DR  
 CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME HARRIS, INA  
 STREET ADDRESS 4601 WILLOW POND CT. E.  
 CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME MUSHIK, JOANN  
 STREET ADDRESS 4025 BRROK CIRCLE E  
 CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME FASIG, TOM  
 STREET ADDRESS 4613 WILLOW POND CT E  
 CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: *INA HARRIS* *Secretary* *2-23-07* *561-588-7210*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #