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FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756326 (5)

1. Corporation Name

121 SOUTH LAKESIDE APTS., INC.

Principal Place of Business

121 SOUTH LAKESIDE DR.
LAKE WORTH FL 33460

Mailing Address

3812 CHALLENGER CIRCLE
% A. M. ALMEIDA
LANTANA FL 33462-5725
US3. Date Incorporated or Qualified
02/12/19813a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 121 S. LAKESIDE APTS

26 3812 CHALLENGER CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 121 S. LAKESIDE DR.

27 LANTANA, FLA. 33462

City & State

City & State

23 LAKE WORTH, FLA.

28 LANTANA, FLA.

Zip

Zip

24 33460

Country

25 PALM BEACH

Country

29 33462

Country

30 P. BEACH

4. FEI Number

65-0538860

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALMEIDA, ARMAND M
3812 CHALLENGER CIRCLE
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Armand M. Almeida, Pres. 2/18/97

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME ALMEIDA, ARMAND P MD
STREET ADDRESS 3812 CHALLENGER CIRCLE
CITY-ST-ZIP LANTANA FLTITLE SD ☐ DELETE
NAME GREENE, FRANK S
STREET ADDRESS 121 SOUTH LAKESIDE DRIVE
CITY-ST-ZIP LAKE WORTH FLTITLE D ☐ DELETE
NAME COOK, JAMES C
STREET ADDRESS 3120 LAKE OSBORNE DR., NO. 201
CITY-ST-ZIP LAKE WORTH FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043787

Armand M. Almeida

2/18/97

966-2497

CR2E037 (9/96)