

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90098 037 ****61.25

DOCUMENT # 768847

1. Entity Name
LAKE SIDE GREEN RECREATIONAL ASSOCIATION, INC.



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

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

40055264



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2518204

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH ROAD
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

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 LAON, PETER
STREET ADDRESS 4441 CAMROSE LN
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Change ☒ Addition
NAME **D GALLIVAN, BRENDA**
STREET ADDRESS **4580 CHALLENGER WAY #73**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE VD ☐ Delete
NAME KELLY, DIANE
STREET ADDRESS 4387 D WILLOW POND RD
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Change ☒ Addition
NAME **D HARRIS, INA**
STREET ADDRESS **4601 WILLOW POND CT. E.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE T ☐ Delete
NAME WALDRON, CLIFFORD
STREET ADDRESS 4500 CORNICHE CIRCLE 37
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GALLIVAN, BRENDA
STREET ADDRESS 4580 CHALLENGER WAY #73
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME COLLURA, BEVERLY
STREET ADDRESS 4570 AMHERST DR, # 87
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COHN, ARNOLD
STREET ADDRESS 4359 WILLOW POND CIRCLE
CITY-ST-ZIP WEST PALM BEACH, FL 33417

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #