

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02119** (8)
1. Corporation Name
LAKESIDE GREEN II-B HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH FL 33463**

Mailing Address
**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH FL 33463**

3. Date Incorporated or Qualified
03/22/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** **26** **27** **28** **29** **30**

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-2410266

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**G.R.S.S MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD.
SUITE 201
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent
81 Name **Michael Gelfand**
82 Street Address (P.O. Box Number is Not Acceptable)
One Clearlake Ctr #1010
83 **250 Australian Ave South**
84 City **West Palm Beach, FL** **85** Zip Code **33401**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.1503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/15/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STUART, JOHN	
STREET ADDRESS	4269 WILLOW ROUND CIR	
CITY-ST-ZIP	WPB FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	ESHAM, JEFF	
STREET ADDRESS	4421 CAMROSE LANE	
CITY-ST-ZIP	WPB FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIDONATO, TONY	
STREET ADDRESS	4325 WILLOW BROOK CIRCLE	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSEMA, ED	
STREET ADDRESS	4345 WILLOW BROOK CIR	
CITY-ST-ZIP	WPB FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, THOMAS	
STREET ADDRESS	4578 BANGOR AVE #3	
CITY-ST-ZIP	WPB FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAPAGA, LOUIS	
STREET ADDRESS	20 ATTLEBOLD LANE	
CITY-ST-ZIP	WHITING NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mike Guglielmo	
1.3 STREET ADDRESS	4377 Willow Brook Circle	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Denise O'Conner	
2.3 STREET ADDRESS	4387 Willow Pond Circle	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Peter Hodges	
3.3 STREET ADDRESS	4347 Willow Pond Cir	
3.4 CITY-ST-ZIP	West Palm Beach FL 33417	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sheila Schachter	
4.3 STREET ADDRESS	4303 Willow Brook Circle	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Felicia Robinson	
5.3 STREET ADDRESS	4363 Willow Brook Circle	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* Michael Guglielmo 4/15/96 409-641-8554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)