

5-2-97 B-6238 C  
FILE NOW: FILING FEE IS \$61.25

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May 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997

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



DOCUMENT # N02119 (8)

1. Corporation Name

LAKESIDE GREEN II-B HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~G.R.S. MANAGEMENT ASSOCIATES, INC.  
3800 WOODLAKE BLVD., SUITE 201  
LAKE WORTH FL 33465~~

~~G.R.S. MANAGEMENT ASSOCIATES, INC.  
3800 WOODLAKE BLVD., SUITE 201  
LAKE WORTH FL 33465-3045~~



2. Principal Place of Business  
21. ~~Assoc. Prop. Mgmt~~  
Suite, Apt. #, etc.  
22. ~~400 S. Dixie Hwy, #10~~  
City & State  
23. ~~L.W., FL~~  
Zip  
24. ~~33460~~  
Country  
25. ~~USA~~

2a. Mailing Address  
26. ~~Assoc. Prop. Mgmt~~  
Suite, Apt. #, etc.  
27. ~~400 S. Dixie Hwy, #10~~  
City & State  
28. ~~L.W., FL~~  
Zip  
29. ~~33460~~  
Country  
30. ~~USA~~

3. Date Incorporated or Qualified  
03/22/1984

3a. Date of Last Report  
04/25/1996

4. FEI Number  
59-2410266

Applied For  
Not Applicable

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  
GELFAND, MICHAEL  
ONE CLEARLAKE CTR. #4040  
250 AUSTRALIAN AVE. S  
WEST PALM BCH FL 33404

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. City  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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] Agent 3/19/97  
Signature, typed or printed name of registered agent and title if applicable. (Typed Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	1.1 TITLE	
NAME	GUGLIELMO, MIKE	1.2 NAME	
STREET ADDRESS	4377 WILLOW BROOK CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WPB FL	1.4 CITY - ST - ZIP	
TITLE	VP D	2.1 TITLE	
NAME	O'CONNOR, DENISE	2.2 NAME	
STREET ADDRESS	4337 WILLOW POND CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WPB FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	HODGES, PETER	3.2 NAME	
STREET ADDRESS	4347 WILLOW POND CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BCH. FL	3.4 CITY - ST - ZIP	
TITLE	T D	4.1 TITLE	
NAME	SCHACHTER, SHEILA	4.2 NAME	
STREET ADDRESS	4303 WILLOW BROOK CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WPB FL	4.4 CITY - ST - ZIP	
TITLE	S D	5.1 TITLE	
NAME	ROBINSON, FELICIA	5.2 NAME	
STREET ADDRESS	4363 WILLOW BROOK CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WPB FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	LAPAGA, LOUIS	6.2 NAME	
STREET ADDRESS	20 ATTLEBOLD LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	WHITING NJ	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: Sheila Schachter Date: 3/19/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0043818

CR2E037 (9/96)