

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02119** (8)  
1. Corporation Name  
**LAKESIDE GREEN II-B HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>ASSOC. PROP. MGMT 400 S. DIXIE HWY #10 LAKE WORTH FL 33460</b>		Mailing Address <b>ASSOC. PROP. MGMT 400 S. DIXIE HWY #10 LAKE WORTH FL 33460</b>		3. Date incorporated or Qualified <b>03/22/1984</b>
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		4. FEI Number <b>59-2410266</b> Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ASSOC. PROPERTY MANAGEMENT 400 S. DIXIE HWY #10 LAKE WORTH FL 33460</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>GUGLIELMO, MIKE</b> 4377 WILLOW BROOK CIRCLE WPB FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUGLIELMO, MIKE</b>	1.2 NAME	
STREET ADDRESS	4377 WILLOW BROOK CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL	1.4 CITY-ST-ZIP	
TITLE	DD <b>O'CONNOR, DENISE</b> 4337 WILLOW POND CIRCLE WPB FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'CONNOR, DENISE</b>	2.2 NAME	
STREET ADDRESS	4337 WILLOW POND CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL	2.4 CITY-ST-ZIP	
TITLE	DS <b>HODGES, PETER</b> 4347 WILLOW POND CIRCLE W PALM BCH. FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HODGES, PETER</b>	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	TD <b>SCHACHTER, SHEILA</b> 4303 WILLOW BROOK CIRCLE WPB FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHACHTER, SHEILA</b>	4.2 NAME	
STREET ADDRESS	4303 WILLOW BROOK CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL	4.4 CITY-ST-ZIP	
TITLE	DDV <b>ROBINSON, FELICIA</b> 4363 WILLOW BROOK CIRCLE WPB FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON, FELICIA</b>	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 <b>Di Donato, Angelo</b> 4305 Willow Brook Circle WPB, FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Di Donato, Angelo</b>	6.2 NAME	
STREET ADDRESS	4305 Willow Brook Circle	6.3 STREET ADDRESS	
CITY-ST-ZIP	WPB, FL	6.4 CITY-ST-ZIP	
TITLE	D <b>Ornstein, Ann</b> 4349 Willow Pond Road WPB, FL	7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ornstein, Ann</b>	7.2 NAME	
STREET ADDRESS	4349 Willow Pond Road	7.3 STREET ADDRESS	
CITY-ST-ZIP	WPB, FL	7.4 CITY-ST-ZIP	

14. I 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: *Michael J. R. [Signature]*

3/11/98

CF2E037 (10/97)