2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90039 001 ****61.25

DOCUMENT # N02119

1. Entity Name

LAKESIDE GREEN II-B HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ASSOC. PROP. MGMT 400 S. DIXIE HWY #10 LAKE WORTH FL 33460	ASSOC. PROP. MGMT 400 S. DIXIE HWY #10 LAKE WORTH FL 33460-4455

A0030950

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2410266 ☐ Applied For ☐ Not Applicable

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
ASSOC. PROPERTY MANAGEMENT 400 S. DIXIE HWY #10 LAKE WORTH FL 33460	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUGLIELMO, MIKE 4377 WILLOW BROOK CIRCLE WPB FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sallman, Janet 4271 Willow Pond Circle WPB. FL 33417	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HODGES, PETER 4347 WILLOW POND CIRCLE W PALM BCH. FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORNSTEIN, Ann V. 4349 Willow Pond Circle WPB. FL 33417	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHACHTER, SHEILA 4303 WILLOW BROOK CIRCLE WPB FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Millman, Gail 4345 Willow Brook Circle WPB. FL 33417	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~DV~~ ~~ROBINSON, FELICIA~~ ~~4363 WILLOW BROOK CIRCLE~~ WPB FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIDONATO, ANGELO 4325 WILLOW BROOK CIR WEST PALM BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 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 REQUIRED (Pres) 3/9/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #