

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90199 040 ****61.25

DOCUMENT # N02119

1. Entity Name

LAKESIDE GREEN IIB 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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GUOHELMO, MIKE	
STREET ADDRESS	4377 WILLOW BROOK CIRCLE	
CITY-ST-ZIP	WPB FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HODGES, PETER	
STREET ADDRESS	4347 WILLOW POND CIRCLE	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHACHTER, SHEILA	
STREET ADDRESS	4303 WILLOW BROOK CIRCLE	
CITY-ST-ZIP	WPB FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIDONATO, ANGELO	
STREET ADDRESS	4325 WILLOW BROOK CIR	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SALLMAN, JANET	
STREET ADDRESS	4271 WILLOW POND CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFIN, NANCY	
STREET ADDRESS	4379 WILLOW POND CIRCLE	
CITY-ST-ZIP	W. PALM BCH, FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORNSTEIN, ANN	
STREET ADDRESS	4349 WILLOW POND CIRCLE	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLMAN, GAIL	
STREET ADDRESS	4345 WILLOW BROOK CIRCLE	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 *Sheila Schachter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)