FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am Secretary of State **DOCUMENT # N02119** 1. Entity Name 04-01-2002 90040 012 ****61.25 LAKESIDE GREEN II-B HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address ASSOC. PROP. MGMT ASSOC. PROP. MGMT 400 S. DIXIE HWY #10 400 S. DIXIE HWY #10 LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2410266 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ASSOC, PROPERTY MANAGEMENT 400 S. DIXIE HWY #10 LAKE WORTH FL 33460 Zip Code City 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 9. Election Campaign Financing **Make Check Payable to** \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) TITLE ☐ Delete TITLE ☐ Addition ornstein, Ann ORNSTEIN, ANN NAME NAME 4349 Willow Pond circle STREET ADDRESS 4349 WILLOW POND CIRCLE STREET ADDRESS WPB, FL 33417 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach Fl 33417 Delete ☐ Change TITLE TITLE Gughelmo, Michael NAME MILLMAN, GAIL NAME 4377 Willow Brook Circle STREET ADDRESS STREET ADDRESS 4345 WILLOW BROCK CIRCLE JPB, FL 33417 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33417 TITLE 🌉 - 🕶 🗔 Delete ~ TITLE. schachter, Sheila SCHACHTER, SHEILA NAME NAME 4303 Willow Brook arde STREET ADDRESS 4303 WILLOW BROOK CIRCLE STREET ADDRESS JPB, PL 33417 CITY-ST-ZIP CITY-ST-ZIP WPB FL ☐ Delete TITLE Cohn. Arnold Pond Circle 4359 Willow Pond Circle WPB, FL 33417 Change TITLE NAME DIDONATO, ANGELO NAME STREET ADDRESS 4325 WILLOW BROOK CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BCH FL Colver, Juanita 4377 Willow Pond Circle ☐ Change ddition Delete TITLE TITLE Sallman, Janet NAME NAME STREET ADDRESS 4271 WILLOW POND CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417 33417 Kwacz, Frances 4379 Willow Brook Circle WPB, EL 33LFIZ TITI F Delete TITLE Change Addition NAME COFFIN, NANCY NAME STREET ADDRESS 4379 WILLOW POND CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33417

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

SIGNATURE: //

changed, or on an attachment with an address, with all other like empowered.