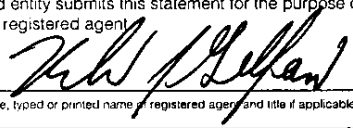


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90002 004 \*\*\*\*61.25

<b>DOCUMENT # N02119</b> 1. Entity Name LAKESIDE GREEN II-B HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business LAKESIDE GREEN II-B HOMEOWNERS ASSOCIATION PO BOX 222264 WEST PALM BEACH, FL 33417 US			Mailing Address LAKESIDE GREEN II-B HOMEOWNERS ASSOC. INC. P.O. BOX 222264 WEST PALM BEACH, FL 33417 US		
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RYAN, ROBERT A 4387 WILLOW BROOK CIRCLE WEST PALM BEACH, FL 33417-8214				Name <b>GELFAND, MICHAEL J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>GELFAND &amp; ARPE, P.A.</b> <b>1555 PALM BEACH LAKES BLVD</b> City <b>WEST PALM BEACH</b> FL Zip Code <b>33401</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <input checked="" type="checkbox"/>		 MICHAEL GELFAND, Esq.		DATE 2/7/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLINA, LUIS 4247 WILLOW POND CIRCLE WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAYMAN, KATHLEEN 4395 WILLOW POND CIRCLE WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, TERRILL 4315 WILLOW POND CIRCLE WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'CONNOR, DENISE 4337 WILLOW POND CIRCLE WEST PALM BCH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETROSKI, MICHAEL 4291 WILLOW POND CIRCLE WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SUSAN B 4387 WILLOW BROOK CIRCLE WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUME, VICKI 4255 WILLOW POND CIRCLE WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RYAN, ROBERT A 4387 WILLOW BROOK CIRCLE WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARIE, TIFFANIE 4271 WILLOW POND CIRCLE WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Petroski		Date 2/20/06	
				Daytime Phone # 561-689-7888	