


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90033 004 \*\*\*\*61.25

<b>DOCUMENT # N02119</b>	
1. Entity Name <b>LAKESIDE GREEN II-B HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>LAKESIDE GREEN 11-B HOMEBUYERS ASSOC. PO BOX 222264 WEST PALM BEACH, FL 33417 US</b>	Mailing Address <b>LAKESIDE GREEN 11-B HOMEBUYERS ASSOC. PO BOX 222264 WEST PALM BEACH, FL 33417 US</b>
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**50000523**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2410266**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>
<b>GELFAND, MICHAEL J 1555 PALM BCH LAKES BLVD WEST PALM BEACH, FL 33401</b>

<b>7. Name and Address of New Registered Agent</b>
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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	LAYMAN, KATHLEEN
STREET ADDRESS	4395 WILLOW POND CIR
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	PD <input type="checkbox"/> Delete
NAME	CARPENTER, TERRILL
STREET ADDRESS	4315 WILLOW POND CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	TD <input type="checkbox"/> Delete
NAME	PETROSKI, MICHAEL
STREET ADDRESS	4291 WILLOW POND CIR
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FUME, VICKI
STREET ADDRESS	4255 WILLOW POND CIR
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DEMARTE, TIFFANIE
STREET ADDRESS	4271 WILLOW POND CIR
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Pagano
STREET ADDRESS	4275 Willow Pond Circle
CITY-ST-ZIP	West Palm Beach FL 33417
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	\$ Michael Dowling <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4355 Willow Brook Circle
STREET ADDRESS	West Palm Beach
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodney Dames
STREET ADDRESS	4235 Willow Pond Circle
CITY-ST-ZIP	West Palm Beach FL 33417
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 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 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_