2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02119

FILED Apr 27, 2009 Secretary of State

Entity Name: LAKESIDE GREEN II-B HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
LAKESIDE GREEN 11-B HOMEBUYERS ASSOC. PO BOX 222264 WEST PALM BEACH, FL 33417 US					LAKESIDE GREEN 11-B HOMEBUYERS ASSOC. 2328 S CONGRESS AVE SUITE 1C WEST PALM BEACH, FL 33417 US		
Current Mailing Address:					New Mailing Address:		
PO BOX 22			YERS ASSOC. US				
FEI Number:	59-2410266	FEI Num	ber Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Re	egistered Agent:		Name and Address of	of New Registered Agent:	
1555 PALI WEST PAL The above		33401	US is statement for the p	urpose o	f changing its registere	d office or registered agent, or both,	
	e of Florida.						
SIGNATURE:Electronic Signature of Registered Agent				nt		 Date	
OFFICERS AND DIRECTORS:				111	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PAGANO, ROBE 4275 WILLOW F WEST PALM BE PD () CARPENTER, TI 4315 WILLOW F WEST PALM BE TD () PETROSKI, MIC 4291 WILLOW F WEST PALM BE S () DOWLING, MICH 4355 WILLOW F	POND CIR FACH, FL 3 Delete ERRILL POND CIRC FACH, FL 3 Delete HAEL POND CIR FACH, FL 3 Delete HAEL BROOK CIR	CLE 3417 3417 US		Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	D () DAMES, RODNE 4235 WILLOW F WEST PALM BE	Delete EY POND CIR			City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PAGANO PD 04/27/2009