


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

04-24-2006 90455 005 ****61.25

DOCUMENT # N08519			
1. Entity Name LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 5, INC.			
Principal Place of Business DICKINSON MANAGEMENT 400 TONEY PENNA ROAD JUPITER, FL 33458		Mailing Address DICKINSON MANAGEMENT 400 TONEY PENNA ROAD JUPITER, FL 33458	
2. Principal Place of Business <i>Prime Management Group</i>		3. Mailing Address <i>Prime Management Group</i>	
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc. <i>Same</i>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2739311		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DICKINSON MANAGEMENT, INC 400 TONEY PENNA DR JUPITER, FL 33458		7. Name and Address of New Registered Agent <i>Dicker, Krivak & Staloff P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1878 Australian Ave South</i> <i>Suite #400</i> City <i>West Palm Beach</i> FL Zip Code <i>33409</i>	
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 <i>Edward Dicker</i>		SIGNATURE <i>Edw Dicker of Dicker, Krivak & Staloff</i> DATE <i>4/5/06</i>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENK, CRAIG 4499 -D WILLOW POND ROAD 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	P PIAZZOLA, JOSEPH 4411-C WILLOW POND ROAD 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	ST STENROSE, DAVID 4451 B. WILLOW POND RD. 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	VP VEVERKA, MARY 4379-C WILLOW POND RD. 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	D HAYES, NORMA 441-D WILLOW POND ROAD 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	<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: <i>Joseph E. Piazzaola President</i>		Date <i>5/12/06</i> Daytime Phone <i>516-478-0417</i>	

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