FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34211

1. Corporation Name

Lakeside Green Homeowners Association No. 9, Inc.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-15-89
3a. Date of Last Report:
4. FEI Number: 65-0198816 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 400 South Dixie Hwy	26 Assoc. Prop. Mgmt.
22 Suite, Apt. #, etc. Suite #10	27 Suite, Apt. #, etc. 400 S. Dixie Hwy, #10
23 City & State Lake Worth, Fl	28 City & State Lake Worth, Fl
24 Zip 33460 25 Country USA	29 Zip 33460 30 Country USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Associated Property Mgmt
	82 Street Address (P.O. Box Number is Not Acceptable): 400 South Dixie Hwy, Suite #10
	83
	84 City: Lake Worth FL 85 Zip Code: 33460

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Agent 4/28/95
(Signature, typed or printed name of Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PID	11 TITLE	☐ Change ☐ Addition
NAME	Arnold Lurie	12 NAME	
STREET ADDRESS	4380 Camrose Lane	13 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, Fl	14 CITY-ST-ZIP	
TITLE	V/P	21 TITLE	☐ Change ☐ Addition
NAME	Judith Butterfield	22 NAME	900001485179
STREET ADDRESS	4930 Elsworth Way	23 STREET ADDRESS	-05/12/95--01018--004
CITY-ST-ZIP	West Palm Beach, Fl	24 CITY-ST-ZIP	****130.00 ****130.00
TITLE	VID	31 TITLE	☐ Change ☐ Addition
NAME	Michael Bakst	32 NAME	
STREET ADDRESS	4920 Broadstone Circle	33 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, Fl	34 CITY-ST-ZIP	
TITLE	SID	41 TITLE	☐ Change ☐ Addition
NAME	peter Lacon	42 NAME	
STREET ADDRESS	4441 Camrose Lane	43 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, Fl	44 CITY-ST-ZIP	
TITLE	TID	51 TITLE	☐ Change ☐ Addition
NAME	Sam Busada	52 NAME	
STREET ADDRESS	4350 Camrose Lane	53 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, Fl	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President ARNOLD P. LURIE 4/25/95 407-640-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #