

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34211 (5)

1. Corporation Name

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 9, INC

Principal Place of Business

Mailing Address

400 S. DIXIE HWY.
SUITE #10
LAKE WORTH FL 33460

400 S. DIXIE HWY.
SUITE #10
LAKE WORTH FL 33460



3. Date Incorporated or Qualified 09/15/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0188816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANG.
400 S. DIXIE HWY.
SUITE #10
LAKE WORTH FL 33460

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☒ DELETE
NAME ~~LURIE, ARNOLD~~
STREET ADDRESS ~~4360 CAMROSE LANE~~
CITY-ST-ZIP ~~W. PALM BCH FL~~

TITLE ~~PD~~ ☐ DELETE
NAME BUTTERFIELD, JUDITH
STREET ADDRESS 4930 ELSWORTH WAY
CITY-ST-ZIP W. PALM BCH FL

TITLE VD ☐ DELETE
NAME BAKST, MICHAEL
STREET ADDRESS 4920 BROADSTONE CIR.
CITY-ST-ZIP W. PALM BCH FL

TITLE SD ☐ DELETE
NAME LACON, PETER
STREET ADDRESS 4441 CAMROSE LANE
CITY-ST-ZIP W. PALM BCH FL

TITLE TD ☐ DELETE
NAME BUSADA, SAMUEL
STREET ADDRESS 4350 CAMROSE LANE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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

Judith L. Butterfield - Judith L. Butterfield

Date

3/28/96

Daytime Phone

407-689-3711

CR2E037 (12/95)