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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

400 S. DIXIE HWY.
SUITE #10
LAKE WORTH FL 33460-4455

3. Date Incorporated or Qualified
09/15/1989

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
65-0188816

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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	VD	<input type="checkbox"/> DELETE
NAME	BUTTERFIELD, JUDITH	
STREET ADDRESS	4930 ELSWORTH WAY	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BAKST, MICHAEL	
STREET ADDRESS	4920 BROADSTONE CIR.	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LACON, PETER	
STREET ADDRESS	4441 CAMROSE LANE	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BUSADA, SAMUEL	
STREET ADDRESS	4350 CAMROSE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hoehn, Michael	
2.3 STREET ADDRESS	4937 Broadstone Circle	
2.4 CITY-ST-ZIP	WPB, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DARRAGH, Albert	
5.3 STREET ADDRESS	4937 Broadstone Circle	
5.4 CITY-ST-ZIP	WPB, FL	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DARRAGH, Jinty	
6.3 STREET ADDRESS	4937 Broadstone Circle	
6.4 CITY-ST-ZIP	WPB, FL	

14. I do hereby certify that the information supplied with this filing 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:

Judith Butterfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

561-689-3711
Daytime Phone # 0039151

CR2E037 (9/96)