

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90101 031 ***61.25

04/21/99

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34211
 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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/15/1989
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0188816
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 85. Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIN, ERVIN	1.2 NAME	
STREET ADDRESS	4972 BROADSTONE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEHN, MICHAEL	2.2 NAME	
STREET ADDRESS	4957 BROADSTONE CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	W-PALM-BCH-FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACON, PETER	3.2 NAME	
STREET ADDRESS	4441 CAMROSE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRAGH, ALBERT	4.2 NAME	
STREET ADDRESS	4937 BROADSTONE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARRAGH, JINTY	5.2 NAME	<i>Stephenson, John</i>
STREET ADDRESS	4937 BROADSTONE CIR	5.3 STREET ADDRESS	<i>4390 Camrose Lane</i>
CITY-ST-ZIP	WPB FL	5.4 CITY-ST-ZIP	<i>WPB, FL</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)