

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34211

1. Entity Name

LAKE SIDE 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0188816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	HEIN, ERVIN	4972 BROADSTONE CIR	W PALM BEACH FL	YD	Judy Butterfield	4930 Elsworth Way	WPB FL 33417
VB	HOERN, MICHAEL	4957 BROADSTONE CIR	W. PALM BCH. FL	TD	Arnold Lurie	4380 Camrose Lane	WPB FL 33417
VB	LACON, PETER	4441 CAMROSE LANE	W. PALM BCH. FL				
TD	DARRASH, ALBERT	4937 BROADSTONE CIR	WEST PALM BEACH FL				
SD	STEPHENSON, JOHN	4390 CANROSE LANE	WPB FL				

12. 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #