

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90199 039 ****61.25

DOCUMENT # N34211

1. Entity 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

A0038760



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0188816

Applied For

Not Applicable

Zip

Country

Zip

Country

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HEIN, ERVIN	
STREET ADDRESS	4972 BROADSTONE CIR	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUTTERFIELD, JUDY	
STREET ADDRESS	4930 ELSWORTH WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LURIE, ARNOLD	
STREET ADDRESS	4380 CAMROSE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEPHENSON, JOHN	
STREET ADDRESS	4390 CANROSE LANE	
CITY-ST-ZIP	WPB FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINCH, ROGER	
STREET ADDRESS	4912 BROADSTONE CIRCLE	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLOYD, ADAM	
STREET ADDRESS	4981 BROADSTONE CIRCLE	
CITY-ST-ZIP	W PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

Date

Daytime Phone #

CR2E037 (10/00)