

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0036805

**DOCUMENT # N34211**

1. Entity Name

**LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 9, INC**

04-01-2002 90029 020 \*\*\*\*61.25

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



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	VD	<input checked="" type="checkbox"/> Delete
NAME	FINCH, ROGER	
STREET ADDRESS	4912 BRUADSTONE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
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	VD	<input type="checkbox"/> Delete
NAME	STEPHENSON, JOHN	
STREET ADDRESS	4390 CANROSE LANE	
CITY-ST-ZIP	WPB FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LLOYD, ADAM	
STREET ADDRESS	4981 BRUADSTONE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
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		
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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* 3/21/02 561-689 3711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)