2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N34211



Mar 30, 2005 8:00 am Secretary of State

FILED

LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 9, INC.								03-30-2005 90	0031 024	****61.25	5
1928 LAKE WORTH RD 1928				g Address B LAKE WORTH RD E WORTH, FL 33461					ì		
Principal Place of Business 3. Mail			3. Mailin	ailing Address							
Suite, Apt. #, etc. Su			Suite	uite, Apt. #, etc.			02252005	Chg-NP	CR2E0	37 (10/03)	_
		City	City & State				4. FEI Number Applied For 65-0188816 Not Applicable				
Zip			Zip	<u></u>		ry	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					- 1	News	7. Name and	Address of New I	Registered .	Agent	
ASSOCIATED PROPERTY MANG. 1928 LAKE WORTH RD					<u> </u>	Name Street Address (P.O. Box Number is Not Acceptable)					
LAKE WORTH, FL 33461					-					 -	
						City	•		FL	Zip Cod	
	named entity tions of registe	submits this statement in ered agent.	or the purpos	e of changing its	registered	office or regis	stered agent, or both	n, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE .		or printed name of registered ager	and title if applic	able. (NOTE	E: Registered A	gent signature requ	uired when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005				Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be	, ,		k payable t	
10.		OFFICERS AND D	IRECTORS								
TITLE	PD				11.		ADDITIONS/CHA	NGES TO OFFICE	FRS AND DI	RECTORS IN	10
NAME _				Delete	. 11. TITLE	PD	ADDITIONS/CHA			7.	
STREET ADDRESS 4930 ELSWORTH WAY				Delete		PD				7.	Addition
	4930 ELSV	ELD, JUDY VORTH WAY		Delete	TITLE NAME STREET	ADDRESS 449	oyd, Adar	N STONE C	irele	Change	Addition
CITY-ST-ZIP	4930 ELSV WEST PAL	ELD, JUDY		Delete	TITLE NAME	ADDRESS 449	OYD, ADAR 181 BROADS EST PAIN	N STONE C	irele	Change 3 3417	Addition
CITY-ST-ZIP	4930 ELSV WEST PAL	ELD, JUDY VORTH WAY .M BEACH, FL 3341		Delete	TITLE NAME STREET CITY-ST	ADDRESS 449	04d, Adar 181 Broad: EST Prin	N STONE C N BEACH,	irele	Change	Addition
CITY-ST-ZIP TITLE NAME	4930 ELSV WEST PAL SD LURIE, AR	ELD, JUDY VORTH WAY .M BEACH, FL 3341 NOLD		,	TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS 449	OYD, ADAT 181 BROAD EST PAIN	N STONE C N BEACH, TUILE	irele FL 3	Change 3 34/7 Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	4930 ELSV WEST PAL SD LURIE, AR 4380 CAM WEST PAL VD	ELD, JUDY VORTH WAY .M BEACH, FL 3341 NOLD ROSE LANE .M BEACH, FL 3341	7	,	TITLE NAME STREET. CITY-ST TITLE NAME STREET.	ADDRESS 449 1-ZIP WE ADDRESS 1-ZIP WE	OYD, ADAR 81 BROAD EST PAIN DETTAS, S 280 CAM EST PAIN	N STONE C NOEACH, TUIIE ROSE LN N BERCH	irele FL 3	334/7 Change	Addition
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05

Daytime Phone #