

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90045 001 ****61.25

DOCUMENT # N34211

1. Entity Name
LAKE SIDE GREEN HOMEOWNERS ASSOCIATION NO. 9, INC.



Principal Place of Business
**1928 LAKE WORTH RD
LAKE WORTH, FL 33461**

Mailing Address
**1928 LAKE WORTH RD
LAKE WORTH, FL 33461**

40070000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202008

Chg-NP

CR2E037 (12/06)

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.
1928 LAKE WORTH RD
LAKE WORTH, FL 33461**

Name
EDWARD DICKER ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
1818 Australian Ave. South

Suite 400

City
West Palm Beach FL Zip Code
33409

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ed Dicker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LACON, PETER
4441 CAMROSE LN
WEST PALM BEACH, FL 33417** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
COKOROGIANIS, CYNTHIA
4470 CAMROSE LN.
WEST PALM BEACH, FL 33417** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LURIE, ARNOLD
4380 CAMROSE LANE
WEST PALM BEACH, FL 33417** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SHAPIRO, THEODORE
4461 CAMROSE LN.
WEST PALM BEACH, FL 33417** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COKOROGIANIE, CYNTHIA
4470 CAMROSE LN
WEST PALM BEACH, FL 33417** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STEPHENSON, CAROL
4390 CAMROSE LN.
WEST PALM BEACH, FL 33417** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEPHENSON, CAROL
4390 CAMROSE LN
WEST PALM BEACH, FL 33417** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4441 CAMROSE
W.P.B. FL 33417** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #