


**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  
 LAKESIDE 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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02202008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
 65-0188816

Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

ASSOCIATED PROPERTY MANG.  
 1928 LAKE WORTH RD  
 LAKE WORTH, FL 33461

**7. Name and Address of New Registered Agent**

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 Edward Dicker

(NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LACON, PETER	
STREET ADDRESS	4441 CAMROSE LN	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LURIE, ARNOLD	
STREET ADDRESS	4380 CAMROSE LANE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COKOROGIANIE, CYNTHIA	
STREET ADDRESS	4470 CAMROSE LN	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, CAROL	
STREET ADDRESS	4390 CAMROSE LN	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COKOROGIANIS, CYNTHIA	
STREET ADDRESS	4470 CAMROSE LN.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, THEODORE	
STREET ADDRESS	4461 CAMROSE LN.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, CAROL	
STREET ADDRESS	4390 CAMROSE LN.	
CITY-ST-ZIP	WEST 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	4441 CAMROSE LN. P.O. BOX 33417	
CITY-ST-ZIP		

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 life empowered.

**SIGNATURE:** [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #