

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90046 018 \*\*\*\*61.25

**DOCUMENT # N34211**

1. Entity Name  
**LAKESIDE GREEN HOMEOWNERS ASSOCIATION NO. 9, INC**



Principal Place of Business

**400 S. DIXIE HWY.  
SUITE #10  
LAKE WORTH FL 33460**

Mailing Address

**400 S. DIXIE HWY.  
SUITE #10  
LAKE WORTH FL 33460**

2. Principal Place of Business

**1928 LAKE WORTH ROAD**

3. Mailing Address

**1928 LAKE WORTH ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE WORTH, FL**

City & State

**LAKE WORTH, FL**

4. FEI Number **65-0188816**

Applied For

Not Applicable

Zip

**33461**

Country

Zip

**33461**

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANG.  
400 S. DIXIE HWY.  
SUITE #10  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **ASSOCIATED PROPERTY MANAGEMENT**

Street Address (P.O. Box Number is Not Acceptable)

**1928 LAKE WORTH ROAD**

City

**LAKE WORTH**

**FL**

Zip Code **33461**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/10/03**

**FILE NOW: FEE IS \$61.25**

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**  Delete  
NAME **BUTTERFIELD, JUDY**  
STREET ADDRESS **4930 ELSWORTH WAY**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

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

TITLE **VD**  Delete  
NAME **STEPHENSON, JOHN**  
STREET ADDRESS **4390 CANROSE LANE**  
CITY-ST-ZIP **WPB FL**

TITLE **TD**  Delete  
NAME **LLOYD, ADAM**  
STREET ADDRESS **4981 BRUADSTONE CIRCLE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Change  Addition  
NAME **ADAM LLOYD**  
STREET ADDRESS **4981 BROADSTONE CIRCLE**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: **REQUIRED**

CR2E037 (10/02)