

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **756326** (5)
1. Corporation Name
121 SOUTH LAKESIDE APTS., INC.



Principal Place of Business: **121 SOUTH LAKESIDE DR. LAKE WORTH FL 33460**
Mailing Address: **121 SOUTH LAKESIDE DR. LAKE WORTH FL 33460**

3. Date Incorporated or Qualified: **02/12/1981**
3a. Date of Last Report: **05/30/1995**

2. Principal Place of Business: **21 121 SOUTH LAKESIDE DR. LAKE WORTH FL 33460**
2a. Mailing Address: **26 3812 CHALLENGER CIRCLE LAKE WORTH FL 33460**
22. Suite, Apt. #, etc.: **27 c/o A.M. ALMEIDA**
23. City & State: **28 LANTANA, FLA.**
24. Zip: **25 33462** Country: **29 33462** Country: **30 PALM BEACH**

4. FEI Number: **65-0538860**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ALMEIDA, ARMAND M
121 SOUTH LAKESIDE DR.
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent
81 Name: **ARMAND M. ALMEIDA**
82 Street Address (P.O. Box Number is Not Acceptable): **3812 CHALLENGER CIRCLE**
83
84 City: **LANTANA, FLA.** FL 85 Zip Code: **33462**

New address for Registered agent →

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Armand M. Almeida* DATE: **1/31/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMEIDA, ARMAND P, MD	1.2 NAME	
STREET ADDRESS	121 SOUTH LAKESIDE DRIVE #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	FRANK GREENE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEETZ, TIMOTHY	2.2 NAME	121 S. LAKESIDE DR
STREET ADDRESS	121 SOUTH LAKESIDE DRIVE #2	2.3 STREET ADDRESS	LAKE WORTH, FLA. 33460
CITY-ST-ZIP	LAKE WORTH FL 33460	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ARTHUR	3.2 NAME	
STREET ADDRESS	220 SOUTH PALM WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JAMES C	4.2 NAME	
STREET ADDRESS	3120 LAKE OSBORNE DR., NO. 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Armand M. Almeida, President* DATE: **1/31/96** DAYTIME PHONE: **966-2497**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)