


FILE NOW: FILING FEE IS \$61.25

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**Feb 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756326 (5)
1. Corporation Name
121 SOUTH LAKESIDE APTS., INC.



Principal Place of Business 121 S LAKESIDE APTS LAKE WORTH FL 33460 US	Mailing Address 3812 CHALLENGER CIR LANTANA FL 33462 US
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3. Date Incorporated or Qualified
02/12/1981

4. FEI Number
65-0538860

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business
21

2a. Mailing Address
26

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.
22

City & State
23

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24

Country
25

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip
29

Country
30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No **(NA)**

9. Name and Address of Current Registered Agent
**ALMEIDA, ARMAND M
3812 CHALLENGER CIRCLE
LANTANA FL 33462**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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** *Armand M. Almeida* **1/19/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ALMEIDA, ARMAND P MD	
STREET ADDRESS	3812 CHALLENGER CIRCLE	
CITY-ST-ZIP	LANTANA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREENE, FRANK S	
STREET ADDRESS	121 SOUTH LAKESIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, JAMES C	
STREET ADDRESS	3120 LAKE OSBORNE DR., NO. 201	
CITY-ST-ZIP	LAKE WORTH FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

14. 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 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** *Armand M. Almeida* **1/19/98** **432-42-0058**

CR2E037 (10/97)