

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90039 007 \*\*\*150.00

**DOCUMENT # 199250**

1. Entity Name  
**LAKESIDE APARTMENTS OF POMPANO INC**



Principal Place of Business  
**3201 SIXTH ST  
 POMPANO BEACH FL 33062**

Mailing Address  
**PO BOX 1059  
 POMPANO BCH FL 33061**

2. Principal Place of Business  
 Suite, Apt. #, etc.

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

City & State  
 City & State

Zip  
 Country

Zip  
 Country

4. FEI Number  
**59-0941619**

Applied For  
 Not Applicable

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**GORMAN, ROBERT J.  
 3201 S.E. 12TH ST.  
 POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 ROBERT J. GORMAN DATE MARCH 26/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

|                |                   |  |
|----------------|-------------------|--|
| TITLE          | P                 | <input type="checkbox"/> Delete            |
| NAME           | COUSINEAU, VIVIAN |  |
| STREET ADDRESS | 3201 SE 12TH ST   |  |
| CITY-ST-ZIP    | POMPANO BEACH FL  |  |
| TITLE          | T                 | <input type="checkbox"/> Delete            |
| NAME           | VANACORE, LINDA   |  |
| STREET ADDRESS | 3201 SE 12TH ST   |  |
| CITY-ST-ZIP    | POMPANO BEACH FL  |  |
| TITLE          | VP                | <input checked="" type="checkbox"/> Delete |
| NAME           | GRILL, ROBERT     |  |
| STREET ADDRESS | 3201 SW 12TH ST.  |  |
| CITY-ST-ZIP    | POMPANO BEACH FL  |  |
| TITLE          | S                 | <input type="checkbox"/> Delete            |
| NAME           | DOYLE, NANCY      |  |
| STREET ADDRESS | 3201 SE 12TH ST.  |  |
| CITY-ST-ZIP    | POMPANO BEACH FL  |  |
| TITLE          | AS                | <input checked="" type="checkbox"/> Delete |
| NAME           | KELLY, RONALD     |  |
| STREET ADDRESS | 3201 SE 12ST      |  |
| CITY-ST-ZIP    | POMPANO BCH FL    |  |
| TITLE          |                   | <input type="checkbox"/> Delete            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | P                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | COUSINEAU VIVIANE      |  |
| STREET ADDRESS | 3201 SE 12th ST        |  |
| CITY-ST-ZIP    | Pompano Beach FL 33062 |  |
| TITLE          | T                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | VANACORE LINDA         |  |
| STREET ADDRESS | 3201 SE 12th ST        |  |
| CITY-ST-ZIP    | Pompano Beach FL 33062 |  |
| TITLE          | VP                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Garibaldi Lou          |  |
| STREET ADDRESS | 3201 SE 12 ST          |  |
| CITY-ST-ZIP    | Pompano Beach FL 33062 |  |
| TITLE          | S                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | DOYLE NANCY            |  |
| STREET ADDRESS | 3201 SE 12th ST        |  |
| CITY-ST-ZIP    | pompano Beach FL 33062 |  |
| TITLE          | AS                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | GORMAN Bob             |  |
| STREET ADDRESS | 3201 SE 12th ST        |  |
| CITY-ST-ZIP    | pompano Beach FL 33062 |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: Viviane Cousineau President DATE: March 26/2005 DAYTIME PHONE #: 954-782-0274  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR