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Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 720508 (1)

1. Corporation Name
LAKESIDE MANOR NORTH ASSOCIATION, INC.



Principal Place of Business Mailing Address
5900 N.W. 17TH PLACE
SUNRISE FL 33313
9365 W. SAMPLE ROAD
SUITE 203-A
CORAL SPRINGS FL 33065-4150

3. Date Incorporated or Qualified 03/16/1971
3a. Date of Last Report 04/29/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 30
4. FEI Number 59-1402294 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
SAATHOFF, ANNE
9365 W. SAMPLE ROAD
SUITE 203-A
CORAL SPRINGS FL 33065
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BERNHARD, KENNETH	1.2 NAME	
STREET ADDRESS	5900 NW 17TH PL., #114	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP
NAME	STEWART, ART	2.2 NAME	Sols, Herman
STREET ADDRESS	5900 NW 17TH PL., #208	2.3 STREET ADDRESS	5900 NW 17th Pl #201
CITY-ST-ZIP	SUNRISE FL 33313	2.4 CITY-ST-ZIP	Sunrise, FL 33313
TITLE	TD	3.1 TITLE	
NAME	EWART, JIM	3.2 NAME	
STREET ADDRESS	5900 NW 17TH PL., #214	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	CARLUCCI, SUSAN	4.2 NAME	
STREET ADDRESS	5900 NW 17TH PL., #207	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	DEWITT, ARNOLD	5.2 NAME	J. M. Nadeau
STREET ADDRESS	5900 NW 17TH PL., #114	5.3 STREET ADDRESS	5900 NW 17th Pl #101
CITY-ST-ZIP	SUNRISE FL 33313	5.4 CITY-ST-ZIP	Sunrise, FL 33313
TITLE		6.1 TITLE	
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 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: *James S. Ewart* 2/2/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022303

CR2E037 (9/96)