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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720508

1. Corporation Name

LAKESIDE MANOR NORTH ASSOCIATION, INC.

Principal Place of Business

5900 N.W. 17TH PLACE
SUNRISE FL 33313

Mailing Address

9365 W. SAMPLE ROAD
SUITE 203-A
CORAL SPRINGS FL 33065



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/16/1971

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERNHARD, KENNETH	
STREET ADDRESS	5900 NW 17TH PL., #114	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOLIS, HERMAN	
STREET ADDRESS	5900 NW 17TH PLACE STE 201	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EWART, JIM	
STREET ADDRESS	5900 NW 17TH PL., #214	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARLUCCI, SUSAN	
STREET ADDRESS	5900 NW 17TH PL., #207	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NODEAU, J.M.	
STREET ADDRESS	5900 NW 17TH PLACE STE 101	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WHITTAKER, MARY
5.3 STREET ADDRESS	5900 NW 17 PL #109
5.4 CITY-ST-ZIP	SUNRISE, FL 33313
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/26/99

(954) 752-4796
Daytime Phone #

CR2E037 (11/98)