

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720508

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6.. Name and Address of Current Registered Agent

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

4. FEI Number

59-1402294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOLIS, HERMAN
STREET ADDRESS 5900 NW 17TH PLACE STE 201
CITY-ST-ZIP SUNRISE FL

☐ Delete

TITLE TD
NAME EWART, JIM
STREET ADDRESS 5900 NW 17TH PL., #214
CITY-ST-ZIP SUNRISE FL 33313

☐ Delete

TITLE SD
NAME CARLUCCI, SUSAN
STREET ADDRESS 5900 NW 17TH PL., #207
CITY-ST-ZIP SUNRISE FL 33313

☐ Delete

TITLE VD
NAME WHITTAKER, MARY
STREET ADDRESS 5900 NW 17 PL. #109
CITY-ST-ZIP SUNRISE FL 33313

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME PEOPLES, JOYCE
STREET ADDRESS 5900 NW 17 PL
CITY-ST-ZIP SUNRISE, FL

☐ Change ☒ Addition

TITLE D
NAME LEPAGE, PETE
STREET ADDRESS 5900 NW 17 PL
CITY-ST-ZIP SUNRISE, FL

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

954-563-3297

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE