

720508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

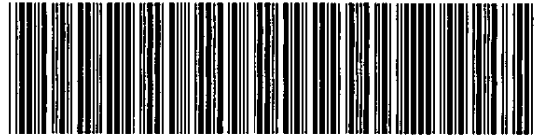
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chang
C.COULLETTE

AUG 19 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKESIDE MANOR NORTH ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 720508

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Pat Straight, LCAM
Name of Contact Person

Pin Oak Management, Inc.
Firm/Company

P.O. Box 551057
Address

Ft. Lauderdale, FL 33355-1057
City/State and Zip Code

patstraight@pinoakmanagement.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pat Straight, LCAM at (954) 693-8888
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lakeside Manor North Association, Inc.

2. The principal office address: 4851 N.W. 103 Avenue, Ste. 43C, Sunrise, FL, 33351

3. The mailing address (if different): P.O. Box 551057, Ft. Lauderdale, FL, 33355-1057

4. Date of incorporation/qualification: 03/16/1971 Document number: 720508

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Fiore, Angela, West Broward Community Mgmt.

11530 St Rd 84

Davie, FL 33325

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pin Oak Management, Inc.

4851 N. W. 103 Avenue, Ste. 43C

P.O. Box NOT acceptable

Sunrise, FL 33351

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

James S. Ewart
Signature of an officer or director

James S. Ewart Treasurer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

8/9/09
Date

If signing on behalf of an entity:

Bonnie Straight
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314