

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720508

FILED  
Mar 23, 2012  
Secretary of State

**Entity Name:** LAKESIDE MANOR NORTH ASSOCIATION, INC.

**Current Principal Place of Business:**

DAVENPORT PROF PROP MGMT INC  
6620 LAKE WORTH RD, STE F  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

1133 S UNIVERSITY DRIVE  
211  
PLANTATION, FL 33324

**Current Mailing Address:**

DAVENPORT PROF PROP MGMT INC  
6620 LAKE WORTH RD, STE F  
LAKE WORTH, FL 33467

**New Mailing Address:**

PO BOX 19439  
PLANTATION, FL 33318

FEI Number: 59-1402294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAKALAR & ASSOCIATES, PA  
150 SOUTH PINE ROAD  
SUITE 540  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KNOWLES, EVELYN  
Address: 5900 NW 17 PLACE #203  
City-St-Zip: SUNRISE, FL 33313

Title: PVD  
Name: CHANCEY, DAVID  
Address: 5900 NW 17 PLACE #111  
City-St-Zip: SUNRISE, FL 33313

Title: PS  
Name: RAMPERSAD, ROHINI D  
Address: 5900 NW 17 PLACE #210  
City-St-Zip: SUNRISE, FL 33313

Title: PT  
Name: OSBOURNE, JOAN O  
Address: 5900 NW 17 PLACE #102  
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EVELYN KNOWLES

PRES

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date