

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90168 014 \*\*\*\*61.25

619191

**DOCUMENT # 720508**

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



Principal Place of Business      Mailing Address

**9365 W SAMPLE ROAD  
SUITE 203  
CORAL SPRINGS FL 33065**

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

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      **P.O. Box 8506**

Suite, Apt. #, etc.      \_\_\_\_\_

City & State      City & State

**CORAL SPRINGS, FL**

4. FEI Number **59-1402294**      Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SOLIS, HERMAN</b>	
STREET ADDRESS	<b>9365 W. SAMPLE RD., #203</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>EWART, JIM</b>	
STREET ADDRESS	<b>9365 W. SAMPLE RD., #203</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>CARLUCCI, SUSAN</b>	
STREET ADDRESS	<b>9365 W. SAMPLE RD., #203</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RAMPERSAD, DEBORAH</b>	
STREET ADDRESS	<b>9365 W. SAMPLE RD., #203</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REID, NOVELETT</b>	
STREET ADDRESS	<b>9365 W. SAMPLE RD., #203</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>P.O. Box 8506</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33075</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>P.O. Box 8506</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33075</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLETARY, DONALD</b>	
STREET ADDRESS	<b>P.O. Box 8506</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33075</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*      **9/8/03**      **954-752-4796**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)