


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90023 004 ****61.25

DOCUMENT # N94000005657			
1. Entity Name LAKESIDE V CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13024 SW 128TH STREET MIAMI, FL 33186 US		Mailing Address 14395 SW 139 CT 103 MIAMI, FL 33186 US	
2. Principal Place of Business		3. Mailing Address <i>15190 S.W. 136 St</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>18</i>	
City & State		City & State <i>MIAMI, FL</i>	
Zip	Country	Zip	Country
<i>33196</i>		<i>33196</i>	<i>Dade</i>
4. FEI Number 65-0430563		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRAKASH, RAJ 14395 SW 139 CT 103 MIAMI, FL 33186		Name <i>Empress Property Mgmt.</i> Street Address (P.O. Box Number is Not Acceptable) <i>15190 S.W. 136 St</i> <i>Ste 18</i> City <i>MIAMI</i> FL Zip Code <i>33196</i>	
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 <i>Alice Eshbach</i>		DATE <i>2/19/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NERCESS, ED	NAME	
STREET ADDRESS	13018 SW 128 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, PETER	NAME	
STREET ADDRESS	13032 SW 128 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCLASNAS, JUAN J	NAME	
STREET ADDRESS	13016 SW 128 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILIAN, GEORGE	NAME	
STREET ADDRESS	13014 SW 128 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSAY, LORRAINE	NAME	
STREET ADDRESS	13012 SW 128 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i>		DATE: <i>2/19/06</i> 786	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	