FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name 715727

(4)

LAKESIDE MANOR CONDOMINIUM UNIT NO. 1, INC.

Dringing Dia	as at Division				
Principal Place of Business Mailing Address					10. 0.0. 0.4. 0.6. 0.6. 0.6. 0.6. 0.6. 0.
1740 NW 6 SUNRISE F		1740 NW 60TH AVE. Sunrise FL 33313			
				3. Date Incorporated or Qualified 12/16/1968	3a. Date of Last Report 07/10/1995
2. Principal 21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-1497978	Applied For Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	Added to Fees
Ζφ	Gountry	Zip	Country	8. This corporation has liability for int	
24	25	29	30		Yes 🔀 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Rec	Istered Agent
COOK	MADEAL		81 Name		
COOK, KAREN 1740 NW 60 AVENUE #15			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUNRISE FL 33313					
OUNTR	DE PL 33313		83		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I begin a constitution of the purpose of changing its registered office.					
SIGNATURE					
	Signature, typed or printed name of registered ager		Registered Agent signature required		DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE NAMÉ	HARRISON, CHARLES	DELETE	1.1 TITLE		Change Addition
	4746 BRU 66 AME 446		1.2 NAME		
STREET ADDRESS	SUNRISE FL		13 STREET ADDRESS		
CITY-ST-ZIP TITLE	PD	DELETE	1.4 CiTY-ST-ZiP		
NAME	COOK, KAREN	Libertie	2.1 TITLE		Change Addition
STREET ADDRESS	4740 ABALOO ASECHUE MAR		2.2 NAME		
C-TY-ST-ZIP	SUNRISE FL		2.3 STREET ADDRESS		
TITLE	ST	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	ROMAN, BETTY I.		3.2 NAME		☐ overite ☐ verifical
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	UNDERHILL, MARGARET		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP		
TITLE	CDANT DETTY	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRANT, BETTY 1740 NW 60 AVE #4		5.2 NAME		
STREET ADDRESS	SUNRISE FL		5.3 STREET ADDRESS		
CITY-ST-ZIP	D D	Fibritit	5 4 CITY-ST-ZIP		
TITLE	GLICKMAN, MURRAY	DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS	1740 NW 60 AVE #16		6.2 NAME		
STREET ADDRESS	SUNRISE FL		6.3 STREET ADDRESS		ĺ
CITY-ST-ZIP 14. I do herel		with this filing is voluntarily furniel	6.4 City-ST-ZIP	or the exemption stated in Section 119.07/	20/15 Fig. 1d - Day 1 - 1 - 1 - 1

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Betty I . Roman

2-16-96

954-735-9085

SIGNATURE:

Bignature and typed of Printed Name of Signing Officer on Director

SIGNATURE: _