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

N95000005035 (9)

LAKESIDE RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address



2. Principal Place of Business 2. Suite, Apt. #, etc. 2. City & State 3. Zip Country 4. 25 25 22 9. Name and Address of Current Recognitions	Suite, Apt. #, etc. City & State Zip	Co. 30	untry	10/24/1995 4. FEI Number L05 - OL 13843 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution		Not	May Be
2. Principal Place of Business 2. Suite, Apt. #, etc. 2. City & State 3. Zip Country 4. 25 25 22 9. Name and Address of Current Recognitions	Suite, Apt. #, etc. City & State Zip	├ ¬	untry	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution		Not B.75 A Fee Re \$5.00	t Applicable additional quired May Be
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Zip Country 25 2 9. Name and Address of Current Rec	Zip 19	├ ¬	untry	The second secon			
25 2 9. Name and Address of Current Re-	9	30		8. This corporation has liability for in	ntangible tax un	der s. 19) 9.032,
9. Name and Address of Current Re		L	_	Florida Statutes	Yes No		
				10. Name and Address of New Re	egistered Agei		
BIRDMAN, LOUIS 307 SOUTH 21ST AVENUE HOLLYWOOD FL 33020			83 City	SARY KORN ess (P.O. Box Number is Not Acceptable 2080.3 BISCAYIN Suite 200 AVENTURA	EL B	5 Zp3	Code
Pursuant to the provisions of Sections 617,0502 and or registered agent or both in the State of Aprida. Stamiliar with, and accept the obligations of Section 6 (SNATURE) Subject that or profiled have of registered agent and the control of t	rde if appreable (NOT		ed Agont signature require		DATE OFRS AND DI	RECTOR	RS IN 12
2. OFFICERS AND DI	IRECTORS DELETE		TITLE			Change	Addition
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NAME BIRDMAN, DIANE			3 STREET ADDRESS	7000017 -04/22/9601 ***61.25	~=~ ~~.	-	
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STREET ADDRESS			1		<u> </u>		_ JN_
City-SI-2IP 14. I do hereby certify that the information sipplied we certify that the information indicated on this annual coath, that I am an officer or directol of the corporappears in Block 12 or Block 13 if the red, or or	the state of the second control of the	المحادث	and door not quali	fy for the exemption stated in Section 1	19.07(3)(k), Flor	ida Statu	if made unc

SIGNATURE:

VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 (954) 922-6070