
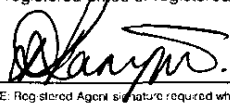


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90006 049 ****61.25

DOCUMENT # 720508 1. Entity Name LAKESIDE MANOR NORTH ASSOCIATION, INC.					
Principal Place of Business 9365 W SAMPLE ROAD SUITE 203 CORAL SPRINGS, FL 33065			Mailing Address P.O. BOX 8506 CORAL SPRINGS, FL 33075		
2. Principal Place of Business 5900 NW 17th PL Suite, Apt. #, etc.			3. Mailing Address 5900 NW 17th PL Suite, Apt. #, etc. Building's Office		
City & State Sunrise, FL			City & State Sunrise, FL		
Zip 33313		Country USA		4. FEI Number 59-1402294	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 R. Deborah Rampersad Street Address (P.O. Box Number is Not Acceptable) 5900 NW 17th PL Unit 210 City Sunrise FL Zip Code 33313		
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 <u>R. Deborah Rampersad</u>  March 10, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SOLIS, HERMAN P.O. BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Lincoln Lewis 5900 NW 17th PL #113 Sunrise, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EWART, JIM P.O. BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D R. Deborah Rampersad 5900 NW 17th PL #210 Sunrise, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLUCCI, SUSAN P.O. BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Donald Milletary 5900 NW 17th PL #202 Sunrise, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLETARY, DONALD P.O. BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Madochee Carfour 5900 NW 17th PL #103 Sunrise, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, NOVELETT 9365 W. SAMPLE RD., #203 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leonorah Robinson 5900 NW 17th PL #212 Sunrise, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alwin Pinnock 5900 NW 17th PL #213 Sunrise, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u>Lyncoln Lewis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/10/04 <small>Date</small>		954-535-2126 <small>Daytime Phone #</small>

54017251



02242004 Chg-NP CR2E037 (10/03)