

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 30 AM 8:00

<b>DOCUMENT # 715727</b> 1. Entity Name LAKESIDE MANOR CONDOMINIUM UNIT NO. 1, INC.					
Principal Place of Business 1740 NW 60TH AVE. SUNRISE, FL 33313 - <b>4665</b>			Mailing Address 1740 NW 60TH AVE. SUNRISE, FL 33313 - <b>4665</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		09232004 Chg-NP CR2E037 (10/03) <b>MRS</b>	
Zip		Country		4. FEI Number 59-1497978	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAMS, DONNA 1740 N.W. 60TH AVE #13 SUNRISE, FL 33313			Name <b>KAREN COOK</b> Street Address (P.O. Box Number is Not Acceptable) <b>1740 N.W. 60 AVE APT 15</b> City <b>SUNRISE</b> FL <b>33313-4665</b>		
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 <b>Karen Cook</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>9-27-2004</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DONNA		NAME	<b>KAREN COOK</b>	
STREET ADDRESS	1740 N.W. 60TH AVE #2		STREET ADDRESS	<b>1740 N.W. 60 AVE APT 15</b>	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	<b>SUNRISE, FL 33313-4665</b>	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, LYNDA		NAME	<b>LYNDIA CLARKE*</b>	
STREET ADDRESS	1740 N.W. 60TH AVE, #13		STREET ADDRESS	<b>1740 NW 60 AVE #13</b>	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	<b>SUNRISE FL. 33313-4665</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSARIO, APRIL		NAME	<b>APRIL ROSARIO</b>	
STREET ADDRESS	1740 N.W. 60TH AVE #11		STREET ADDRESS	<b>1740 NW 60 AVE #11</b>	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	<b>SUNRISE FL 33313-4665</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMANI, TALIB		NAME	<b>HEATHER GOLDSON</b>	
STREET ADDRESS	1740 N.W. 60TH AVE #12		STREET ADDRESS	<b>1740 N.W. 60TH AVE APT 5</b>	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	<b>SUNRISE FL 33313-4665</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SIMONE		NAME	<b>RAMON CABA</b>	
STREET ADDRESS	1740 NW 60TH AVE #1		STREET ADDRESS	<b>1740 NW 60 AVE APT 3</b>	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	<b>SUNRISE FL 33313-4665</b>	
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 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: <b>Karen Cook</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>9-27-2004</b> Daytime Phone # <b>954 733-9147</b>		