

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90076 017 ****61.25

DOCUMENT # 720508

1. Entity Name
LAKESIDE MANOR NORTH ASSOCIATION, INC.



Principal Place of Business
**5900 NW 17TH PL
FORT LAUDERDALE, FL 33313**

Mailing Address
**5900 NW 17TH PL
FORT LAUDERDALE, FL 33313**



2. Principal Place of Business

3. Mailing Address

11530 ST RD 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006 Chg-NP CR2E037 (11/05)

City & State

City & State
DAVIE FL

4. FEI Number
59-1402294

Applied For
Not Applicable

Zip

Country

Zip

33325

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMPERSAD, DEBORAH R
5900 NW 17TH PL
UNIT 210
SUNRISE, FL 33313**

Name
ANGELA FIORE

Street Address (P.O. Box Number is Not Acceptable)

WEST BROWARD COMMUNITY MGMT

11530 ST RD 84

City
DAVIE

FL

Zip Code

33325

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

Angela Fiore **ANGELA FIORE**

4-13-06

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**PRES
SOLIS, HERMAN
5900 NW 17TH PL #201
SUNRISE, FL 33313** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
RAMPERSAD, DEBORAH R
5900 NW 17TH PL #210
SUNRISE, FL 33313** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREA
THOMPSON, KENDRA
5900 NW 17TH PLACE #207
SUNRISE FL 33313** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECR
CARFOUR, MADOCHEE
5900 NW 17TH PL #103
SUNRISE, FL 33313** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRE
THOMPSON, KENDRA
5900 NW 17TH PL #207
SUNRISE, FL 33313** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CARR, CHARLES
5900 NW 17TH PL #112
SUNRISE, FL 33313** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

Daytime Phone #