

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720508

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: LAKESIDE MANOR NORTH ASSOCIATION, INC.

## Current Principal Place of Business:

5900 NW 17TH PL  
FORT LAUDERDALE, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

11530 ST RD 84  
DAVIE, FL 33325

## New Mailing Address:

WEST BROWARD COMM MGMT  
P O BOX 551390  
DAVIE, FL 33355

FEI Number: 59-1402294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIORE, ANGELA  
WEST BROWARD COMMUNITY MGMT  
11530 ST RD 84  
DAVIE, FL 33325 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: SOLIS, HERMAN  
Address: 5900 NW 17TH PL #201  
City-St-Zip: SUNRISE, FL 33313

Title: TREA ( ) Delete  
Name: THOMPSON, KENDRA  
Address: 5900 NW 17TH PLACE #207  
City-St-Zip: SUNRISE, FL 33313

Title: D ( ) Delete  
Name: CARFOUR, MADOCHEE  
Address: 5900 NW 17TH PL #103  
City-St-Zip: SUNRISE, FL 33313

Title: VP ( ) Delete  
Name: CARR, CHARLES  
Address: 5900 NW 17TH PL #112  
City-St-Zip: SUNRISE, FL 33313

Title: S ( ) Delete  
Name: KNOWLES, EVELYN  
Address: 5900 NW 17 PL, 203  
City-St-Zip: SUNRISE, FL 33313

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: THOMPSON, KENDRA  
Address: 5900 NW 17TH PLACE #207  
City-St-Zip: SUNRISE, FL 33313

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: EWART, JAMES  
Address: 5900 NW 17 PLACE #214  
City-St-Zip: SUNRISE, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMAN SOLIS

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date