

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720508

**Entity Name:** LAKESIDE MANOR NORTH ASSOCIATION, INC.

**Current Principal Place of Business:**

5900 NW 17TH PLACE  
SUNRISE, FL 33313

**Current Mailing Address:**

5900 NW 17TH PLACE  
SUNRISE, FL 33313

**FEI Number: 59-1402294**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STRALEY OTTO LAW FIRM  
2699 STIRLING ROAD  
SUITE C-207  
FORT LAUDERDALE, FL 33312 US

*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: EVELYN KNOWLES**

**04/26/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KNOWLES, EVELYN  
Address        C/O CHOAC PROPERTY  
                  MANAGEMENT  
                  PO BOX 352033  
City-State-Zip: MIAMI FL 33135

Title            SECRETARY  
Name            MOHAMMAD, JENNIFER  
Address        C/O CHOAC PROPERTY  
                  MANAGEMENT  
                  PO BOX 352033  
City-State-Zip: MIAMI FL 33135

Title            TREASURER  
Name            WILSON, ARIT  
Address        C/O CHOAC PROPERTY  
                  MANAGEMENT  
                  PO BOX 352033  
City-State-Zip: MIAMI FL 33135

Title            VP  
Name            JOHNSON, EDITH  
Address        C/O CHOAC PROPERTY  
                  MANAGEMENT  
                  PO BOX 352033  
City-State-Zip: MIAMI FL 33135

Title            DIRECTOR  
Name            LONG, PETER  
Address        C/O CHOAC PROPERTY  
                  MANAGEMENT  
                  PO BOX 352033  
City-State-Zip: MIAMI FL 33135

*I hereby 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 all other like empowered.*

**SIGNATURE: EVELYN KNOWLES**

**PRESIDENT**

**04/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date