

2017 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:**C/O PHOENIX MANAGEMENT SERVICES
4800 STATE RD 7, SUITE 105
LAUDERDALE LAKES, FL 33319 US**FEI Number:** 59-1402294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHOENIX MANAGEMENT SERVICES
C/O PHOENIX MANAGEMENT SERVICES
4800 STATE RD 7, SUITE 105
LAUDERDALE LAKES, FL 33319 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:** LUIS HERNANDEZ

03/29/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	KNOWLES, EVELYN
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 STATE RD 7, SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	TREASURER
Name	WILSON, ARIT
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 STATE RD 7, SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	DIRECTOR
Name	CARCAMO, ANGEL
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 STATE RD 7, SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	SECRETARY
Name	ROBINSON, KAREEN
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 STATE RD 7, SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	DIRECTOR
Name	CARFOUR, MADOCHEE
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 STATE RD 7, SUITE 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

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**

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date