

**2023 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

02/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	SECRETARY
Name	KNOWLES, EVELYN	Name	MOHAMMAD, JENNIFER
Address	C/O CONSOLIDATED COMMUNITY MANAGEMENT 7124 N. NOB HILL ROAD	Address	C/O CONSOLIDATED COMMUNITY MANAGEMENT 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	TREASURER		
Name	WILSON, ARIT		
Address	C/O CONSOLIDATED COMMUNITY MANAGEMENT 7124 N. NOB HILL ROAD		
City-State-Zip:	TAMARAC FL 33321		

*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 FISHER-KNOWLES**PRESIDENT**

02/10/2023

Electronic Signature of Signing Officer/Director Detail

Date