

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720508

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

**FILED**  
**Apr 14, 2014**  
**Secretary of State**  
**CC0469744429**

**Current Principal Place of Business:**

C/O PHOENIX MANAGEMENT SERVICES, INC.  
4800 N. STATE ROAD #7 SUITE 105  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES, INC.  
4800 N. STATE ROAD #7 SUITE 105  
LAUDERDALE LAKES, FL 33319 US

**FEI Number: 59-1402294**

**Certificate of Status Desired: No**

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

BAKALAR & ASSOCIATES, PA  
150 SOUTH PINE ROAD  
SUITE 540  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title TD  
Name ROBINSON, KAREEN  
Address C/O PHOENIX MANAGEMENT SERVICES, INC.  
4800 N. STATE ROAD #7 SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title PT  
Name BAPTISTE, JO-ANN  
Address C/O PHOENIX MANAGEMENT SERVICES, INC.  
4800 N. STATE ROAD #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**

**P**

**04/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date