

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720508

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

**Current Principal Place of Business:**

C/O SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

C/O SWIFT MANAGEMENT SOLUTIONS.  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 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 SWIFT MANAGEMENT  
SOLUTIONS.  
1750 UNIVERSITY DR #205  
City-State-Zip: CORAL SPRINGS FL 33071

Title SECRETARY  
Name ROBINSON, KAREEN  
Address C/O SWIFT MANAGEMENT  
SOLUTIONS.  
1750 UNIVERSITY DR #205  
City-State-Zip: CORAL SPRINGS FL 33071

Title TREASURER  
Name LONG, PETER  
Address C/O SWIFT MANAGEMENT  
SOLUTIONS.  
1750 UNIVERSITY DR #205  
City-State-Zip: CORAL SPRINGS FL 33071

*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

**PRES**

**01/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date