

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

05/03/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KNOWLES, EVELYN
Address C/O CONSOLIDATED COMMUNITY
 MANAGEMENT
 7124 N. NOB HILL ROAD
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

Title DIRECTOR
Name KORSHE, DANA
Address C/O CCM, INC.
 7124 N. NOB HILL RD
City-State-Zip: TAMARAC FL 33321

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

Title DIRECTOR
Name BALDIE, KIMBERLEY
Address C/O CCM, INC.
 7124 N. NOB HILL RD
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: KNOWLES , EVELYN

PRESIDENT

05/03/2023

Electronic Signature of Signing Officer/Director Detail

Date