


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90029 006 ****61.25

DOCUMENT # 715727 1. Entity Name LAKESIDE MANOR CONDOMINIUM UNIT NO. 1, INC.					
Principal Place of Business 1740 NW 60TH AVENUE SUNRISE, FL 33313			Mailing Address 1740 NW 60TH AVENUE SUNRISE, FL 33313		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1740 N.W 60th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt 13			
City & State		City & State Sunrise Florida			
Zip	Country	Zip	Country	4. FEI Number 59-1497978	
7	P	83313	P	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IMANI, TALIB 1740 NW 60TH AVENUE SUNRISE, FL 33313				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				DATE	
SIGNATURE <i>Imani Talib</i> Signature, typed or printed name of registered agent and title if applicable.				SIGNATURE <i>Imani Talib</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IMANI, TALIB 1740 NW 60TH AVENUE, APT #12 SUNRISE, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CLARKE, LYNDIA 1740 N.W. 60TH AVE, #13 SUNRISE, FL 333134665		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UNDERHILL, JOHN 1011 N.W. 14TH STREET PLANTATION, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, CEDRIC 1740 N.W. 60TH AVE APT 16 SUNRISE, FL 33313		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABA, RAMON 1740 NW 60TH AVE APT 3 SUNRISE, FL 333134665		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>LYNDA CLARKE</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 5/15/07 Daytime Phone #: 954-777-4908					

40116522



05032007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

\$8.75 Additional
Fee Required

FL Zip Code

5-15-07

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

☐ Change ☐ Addition

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