

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720508

FILED
Mar 25, 2010
Secretary of State

Entity Name: LAKESIDE MANOR NORTH ASSOCIATION, INC.

Current Principal Place of Business:

4851 NW 103 AVE
STE 43C
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

PO BOX 551057
FT LAUDERDALE, FL 333551057

New Mailing Address:

PO BOX 451359
SUNRISE, FL 333451359 US

FEI Number: 59-1402294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: KNOWLES, EVELYN
Address: 4851 N.W. 103 AVENUE, SUITE 43C
City-St-Zip: SUNRISE, FL 33351

Title: VD
Name: CHANCY, DAVID
Address: 4851 N.W. 103 AVENUE, SUITE 43C
City-St-Zip: SUNRISE, FL 33351

Title: SD
Name: RAMPERSAD, DEBORAH
Address: 4851 N.W. 103 AVENUE, SUITE 43C
City-St-Zip: SUNRISE, FL 33351

Title: TD
Name: EWART, JAMES
Address: 4851 N.W. 103 AVENUE, SUITE 43C
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: JEAN, JOANN
Address: 4851 N.W. 103 AVENUE, SUITE 43C
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: CARR, CHARLES
Address: 4851 N.W. 103 AVENUE, SUITE 43C
City-St-Zip: SUNRISE, FL 33351

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

PD

03/25/2010

Electronic Signature of Signing Officer or Director

_____ Date