

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 02, 2010  
Secretary of State**

DOCUMENT# 720508

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:**

DAVENPORT PROF PROP MGMT INC  
6620 LAKE WORTH RD, STE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

PO BOX 451359  
SUNRISE, FL 333451359 US

**New Mailing Address:**

DAVENPORT PROF PROP MGMT INC  
6620 LAKE WORTH RD, STE F  
LAKE WORTH, FL 33467

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: 6620 LAKE WORTH RD. STE F  
City-St-Zip: LAKE WORTH, FL 33467

Title: VD  
Name: CHANCEY, DAVID  
Address: 6620 LAKE WORTH STE F  
City-St-Zip: LAKE WORTH, FL 33467

Title: SD  
Name: THORPE, DEBORAH  
Address: 6620 LAKE WORTH RD STE F  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD  
Name: EWART, JAMES  
Address: 6620 LAKE WORTH RD. STE F  
City-St-Zip: LAKE WORTH, FL 33467

Title: D  
Name: BAPTISTE, JOANN  
Address: 6620 LAKE WORTH RD. STE F  
City-St-Zip: LAKE WORTH, FL 33467

Title: D  
Name: CARR, CHARLES  
Address: 6620 LAKE WORTH RD. STE F  
City-St-Zip: LAKE WORTH, FL 33467

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

07/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date