

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720508

FILED
Mar 23, 2012
Secretary of State

Entity Name: LAKESIDE MANOR NORTH ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1133 S UNIVERSITY DRIVE
211
PLANTATION, FL 33324

Current Mailing Address:

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

New Mailing Address:

PO BOX 19439
PLANTATION, FL 33318

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: 5900 NW 17 PLACE #203
City-St-Zip: SUNRISE, FL 33313

Title: PVD
Name: CHANCEY, DAVID
Address: 5900 NW 17 PLACE #111
City-St-Zip: SUNRISE, FL 33313

Title: PS
Name: RAMPERSAD, ROHINI D
Address: 5900 NW 17 PLACE #210
City-St-Zip: SUNRISE, FL 33313

Title: PT
Name: OSBOURNE, JOAN O
Address: 5900 NW 17 PLACE #102
City-St-Zip: SUNRISE, FL 33313

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

03/23/2012

Electronic Signature of Signing Officer or Director

Date