

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90029 025 ****61.25

DOCUMENT # 723842

1. Entity Name

LAKESIDE MANOR NORTHEAST ASSOCIATION, INC



Principal Place of Business

9365 W. SAMPLE ROAD
SUITE 203
CORAL SPRINGS FL 33065

Mailing Address

PO BOX 8506
POMPANO BEACH FL 33075
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 8506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS, FL

Zip

Country

Zip

Country

33075

USA

4. FEI Number

59-1497978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAATHOFF, NANCY
9365 W SAMPLE RD
#203A
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME ALEXANDRE, ALLYDRY ☐ Delete
STREET ADDRESS PO BOX 8506
CITY-ST-ZIP POMPANO BEACH FL 33075

TITLE ☒ Change ☐ Addition
NAME ALEXANDRE, ALLYDAY
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD
NAME GREENE, RANDELL ☐ Delete
STREET ADDRESS PO BOX 8506
CITY-ST-ZIP POMPANO BEACH FL 33075

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME RUSSELL, FELICIA
STREET ADDRESS PO BOX 8506
CITY-ST-ZIP POMPANO BEACH FL 33075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BRUCE, CANDICE
STREET ADDRESS PO BOX 8506
CITY-ST-ZIP POMPANO BEACH FL 33075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WEISS, PAUL
STREET ADDRESS PO BOX 8506
CITY-ST-ZIP POMPANO BEACH FL 33075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME LEIGH, SUSANA
STREET ADDRESS P.O. BOX 8506
CITY-ST-ZIP CORAL SPRINGS, FL 33075

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Allyday Alexandre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-752-4796

Daytime Phone #