2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 16 AM 8:00

DOCUMENT # 723842

1. Entity Name
LAKESIDE MANOR NORTHEAST ASSOCIATION, INC

Principal Place of Business	Mailing Address
9365 W. SAMPLE ROAD SUITE 203 CORAL SRPINGS, FL 33065	P.O. 8506 POMPANO BEACH, FL 33075 US

08312004 Chg-NP CR2E037 (10/03) MRD

2. Principal Place of Business	3. Mailing Address
11510 W. SAMPLE RD.	SAME
Suite, Apt #, etc. #5	Suite, Apt. #, etc.
City & State CORAL SPRINGS, FL	City & State
Zip 33065 Country USA	Zip Country

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

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

7. Name and Address of New Registered Agent

Name SUNDANCE PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable) 11510 W. SAMPLE RD. #5
City CORAL SPRINGS FL Zip Code 33065

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] GLENN STOTT, M CEO 8.31.04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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, ALLYDAY STREET ADDRESS: ~~PO BOX 8506~~ CITY-ST-ZIP: ~~POMPANO BEACH, FL 33075~~	☐ Delete	TITLE: VP/S NAME: STREET ADDRESS: 11510 W. SAMPLE RD, #5 CITY-ST-ZIP: CORAL SPRINGS, FL 33065	☒ Change ☐ Addition
TITLE: STD NAME: GREENE, RANDELL STREET ADDRESS: PO BOX 8506 CITY-ST-ZIP: POMPANO BEACH, FL 33075	☒ Delete	TITLE: P NAME: FELICIA RUSSELL STREET ADDRESS: 11510 W. SAMPLE RD. #5 CITY-ST-ZIP: CORAL SPRINGS, FL. 33065	☒ Change ☐ Addition
TITLE: D NAME: LEIGH, SUSANA STREET ADDRESS: ~~P.O. BOX 8506~~ CITY-ST-ZIP: ~~POMPANO BEACH, FL 33075~~	☐ Delete	TITLE: NAME: STREET ADDRESS: 11510 W. SAMPLE RD, #5 CITY-ST-ZIP: CORAL SPRINGS, FL 33065	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

800043225493
12/07/04--01009--002 **61.25

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: [signature] 8-31-04 954-255-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #