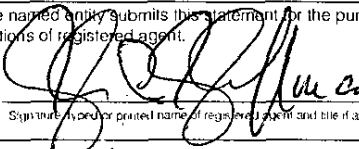
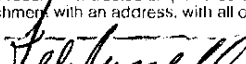


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 16 AM 8:00

DOCUMENT # 723842			
1. Entity Name LAKE SIDE MANOR NORTHEAST ASSOCIATION, INC			
Principal Place of Business 9365 W. SAMPLE ROAD SUITE 203 CORAL SPRINGS, FL 33065		Mailing Address P.O. 8506 POMPANO BEACH, FL 33075 US	
2. Principal Place of Business 11510 W. SAMPLE RD. Suite, Apt. #, etc. #5		3. Mailing Address SAME 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 SUNOAKE PROPERTY MANAGEMENT 11510 W. SAMPLE RD, #5 CORAL SPRINGS FL 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 		DATE 8.31.04	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ALEXANDRE, ALLYDAY PO BOX 8506 POMPANO BEACH, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S 11510 W. SAMPLE RD, #5 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREENE, RANDALL PO BOX 8506 POMPANO BEACH, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELICIA RUSSELL 11510 W. SAMPLE RD, #5 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIGH, SUSANA PO BOX 8506 POMPANO BEACH, FL 33075	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11510 W. SAMPLE RD, #5 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800043225-1033 12/07/04--01009--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		DATE 8-31-04 DAYTIME PHONE # 954-255-6890	