

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90122 003 ****61.25

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DOCUMENT # 723842 1. Entity Name LAKESIDE MANOR NORTHEAST ASSOCIATION, INC			
Principal Place of Business 11510 W SAMPLE RD #5 CORAL SPRINGS, FL 33065		Mailing Address 11510 W SAMPLE RD #5 CORAL SPRINGS, FL 33065	
2. Principal Place of Business <i>11404 W. Sample Rd.</i>		3. Mailing Address <i>11404 W. Sample Rd.</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Coral Springs, FL</i>		City & State <i>Coral Springs, FL</i>	
Zip <i>33065</i>		Zip <i>33065</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-1497978		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUNDANCE PROPERTY MANAGEMENT 11510 W SAMPLE RD #5 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>11404 W. Sample Rd.</i> City <i>Coral Springs, FL</i> Zip Code <i>33065</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VPS ALEXANDRE, ALLYDAY 11510 W SAMPLE RD #5 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
P RUSSELL, FELICIA 11510 W SAMPLE RD #5 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BLAKE SHANNIE 5870 N.W. 17th PLACE SUNRISE, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D LEIGH, SUSANA 11510 W SAMPLE RD #5 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
FREDERIC, CARMELO 7911 N.W. 20th CT. SUNRISE, FL 33322	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
FREDERIC, CARMELO 7911 N.W. 20th CT. SUNRISE, FL 33322	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
BAILEY, RUDOLPH 5870 N.W. 17th PLACE #212 SUNRISE, FL 33313	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <i>Allyday</i>		Date: <i>7-7-05</i>	