

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90028 009 \*\*\*\*61.25

<b>DOCUMENT # 723842</b> 1. Entity Name LAKESIDE MANOR NORTHEAST ASSOCIATION, INC					
Principal Place of Business 11404 W SAMPLE RD CORAL SPRINGS, FL 33065			Mailing Address 11404 W SAMPLE RD CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>PROCESSOR</b> 40006092  01092006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-1497978	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  SUNDANCE PROPERTY MANAGEMENT 11404 W SAMPLE RD CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent  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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAKE, SHANNIE 5870 NW 17TH PLACE SUNRISE, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sabrina McCombs 5850 N.W. 17th PL #D121 SUNRISE, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKE, SHANNIE 5870 NW 17TH PL SUNRISE, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANGELA BENJAMIN 5870 N.W. 17th PL, #C211 SUNRISE, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREDERICK, CARMELO 7911 NW 20TH CT SUNRISE, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDREW CHANTILLOPE 5850 N.W. 17th PL #D120 SUNRISE, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARMELO, FREDERICK 7911 NW 20TH CT SUNRISE, FL 33322	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOVELETTE MAYERS 5890 N.W. 17th PL, #A102 SUNRISE, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAILEY, RUDOLPH 5870 NW 17TH PLACE, # C212 SUNRISE, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTY HUTCHESON 5870 N.W. 17th PL, #C210 SUNRISE, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					