
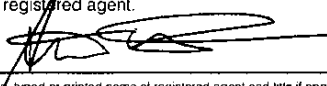
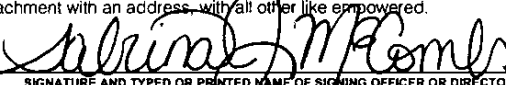


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90103 049 ****61.25

DOCUMENT # 723842 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 - No P.O. Box # 8360 W OAKLAND PARK BLVD		3. Mailing Address PO BOX 452199			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SUNRISE, FL		City & State SUNRISE, FL		4. FEI Number 59-1497978	
Zip 33351		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33345		Country BROWARD		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 STEVEN S VALANCY, P.A. Street Address (P.O. Box Number is Not Acceptable) 311 SE 13 ST City FORT LAUDERDALE FL Zip Code 33316		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			
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE <input checked="" type="checkbox"/> P <input type="checkbox"/> Delete NAME MCCOMBS, SABRINA STREET ADDRESS 5850 NW 17TH PL #D121 CITY-ST-ZIP SUNRISE, FL 33313		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE <input checked="" type="checkbox"/> S <input type="checkbox"/> Delete NAME BENJAMIN, ANGELA STREET ADDRESS 5870 NW 17TH PL #C211 CITY-ST-ZIP SUNRISE, FL 33313		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SUSANA LEIGH STREET ADDRESS 5100 N OCEAN BLVD #1104 CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308			
TITLE <input checked="" type="checkbox"/> T <input type="checkbox"/> Delete NAME CHANTILOPE, ANDREW STREET ADDRESS 5850 NW 17TH PL D120 CITY-ST-ZIP SUNRISE, FL 33313		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME FREDERIC, CARMELO STREET ADDRESS 5870 NW 17 PLACE #c-209 CITY-ST-ZIP SUNRISE, FL 33313-6916			
TITLE <input checked="" type="checkbox"/> VP <input type="checkbox"/> Delete NAME MAYERS, NOV ELETTE STREET ADDRESS 5890 NW 17TH PL A102 CITY-ST-ZIP SUNRISE, FL 33313		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> Delete NAME HUTCHESON, MARTY STREET ADDRESS 5870 NW 17TH PL C210 CITY-ST-ZIP SUNRISE, FL 33313		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <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.					
SIGNATURE: 		Date 3/7/07 Daytime Phone #			