


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90085 014 ****61.25

10/31/901

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728850

1. Corporation Name
LAKESIDE MANOR EAST ASSOCIATION, INC.

Principal Place of Business 5820 N.W. 17TH PLACE #100 SUNRISE FL 33313	Mailing Address 5820 N.W. 17TH PLACE #100 SUNRISE FL 33313
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/09/1974
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1921695
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Country	30 Country
25	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLIAKOFF, GARY A BECKER & POLIAKOFF, P.A. 3111 STIRLING ROAD FT. LAUDERDALE FL 33312-6525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MICHELLE	1.2 NAME	
STREET ADDRESS	5820 N.W. 17TH PL #208	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, TROY	2.2 NAME	
STREET ADDRESS	5820 N W 17TH PLACE #305	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, KAY SANDRA	3.2 NAME	
STREET ADDRESS	5820 N W 17TH PLACE #206	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	3.4 CITY-ST-ZIP	
TITLE	DBM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, SANFORD	4.2 NAME	
STREET ADDRESS	5820 N W 17TH PLACE #308	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	4.4 CITY-ST-ZIP	
TITLE	DBM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, LEROY	5.2 NAME	
STREET ADDRESS	5820 N.W. 17TH PLACE #102	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *President* 4/16/99 954 485-3282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)