

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006631

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** LAKESIDE BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1928 NW 79 AVENUE  
MIAMI, FL 33126

**New Principal Place of Business:**

NW 19 ST AND 79 AVENUE  
MIAMI, FL 33126 US

**Current Mailing Address:**

PO BOX 661554  
MIAMI SPRINGS, FL 33266

**New Mailing Address:**

C/O TPS MANAGEMENT  
P O BOX 661554  
MIAMI SPRINGS, FL 33266 US

**FEI Number:** 65-1071275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

STRALEY AND OTTO, PA.  
2699 STIRLING ROAD  
SUITE C-207  
HOLLYWOOD-FT LAUDERDALE, FL 33312 US

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.

SIGNATURE: CHARLES F. OTTO

03/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PERMUY, WALTER  
Address: P O BOX 661554  
City-St-Zip: MIAMI SPRINGS, FL 33266 US

Title: VD  
Name: GONZALEZ, HOMERO A  
Address: P O BOX 661554  
City-St-Zip: MIAMI SPRINGS, FL 33266 US

Title: STD  
Name: CUBIDES, ARIEL  
Address: P O BOX 661554  
City-St-Zip: MIAMI SPRINGS, FL 33266 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER PERMUY

P

03/17/2011

Electronic Signature of Signing Officer or Director

Date