

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006631

FILED  
Feb 29, 2012  
Secretary of State

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

**Current Principal Place of Business:**

NW 19 ST AND 79 AVENUE  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-1071275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

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

PD

02/29/2012

Electronic Signature of Signing Officer or Director

Date