


**2005-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000002060</b> 1. Entity Name <b>LAKESIDE WEST CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>13200 SW 128 STREET SUITE E1 MIAMI, FL 33186</b>	Mailing Address <b>13200 SW 128 STREET SUITE E1 MIAMI, FL 33186</b>
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01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

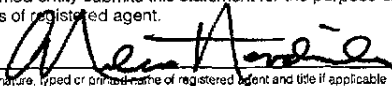
4. FEI Number <b>03-0477151</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HENDRIKSE, NELSON 13200 SW 128 STREET SUITE E1 MIAMI, FL 33186</b>
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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 1/18/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLATER, DAVE 13150 SW 130TH TERR. #102 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANGUO, REYNALDO 13150 SW 130TH TERR. #105 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENDRIKSE, NELSON 13200 SW 128TH ST., E-1 MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80101-020 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 signed, or on an attachment with an address, with all other like empowered.

**SIGN &  
DATE**

SIGNATURE:  DATE 1/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #