

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002060

FILED
Mar 19, 2009
Secretary of State

Entity Name: LAKESIDE WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13200 SW 128 STREET
SUITE E1
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

13200 SW 128 STREET
SUITE E1
MIAMI, FL 33186

New Mailing Address:

FEI Number: 03-0477151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHEAST PROPERTY MANAGEMENT
13200 SW 128 ST
SUITE E1
MIAMI, FL 33186 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 () Delete
Name: SLATER, DAVE
Address: 13150 SW 130TH TERR. #102
City-St-Zip: MIAMI, FL 33186

Title: T () Delete
Name: ANGUO, REYNALDO
Address: 13150 SW 130TH TERR. #105
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: SAVIRES, DICK
Address: 13150 SW 130 TER #103
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change () Addition
Name: SLATER, ANDY
Address: 13150 SW 130TH TERR. #102
City-St-Zip: MIAMI, FL 33186

Title: PD (X) Change () Addition
Name: ANGUO, REYNALDO
Address: 13150 SW 130TH TERR. #105
City-St-Zip: MIAMI, FL 33186

Title: T (X) Change () Addition
Name: SQUIRES, RICHARD
Address: 13150 SW 130 TER #103
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD SQUIRES

T

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date