2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State
07-18-2008 90013 048 ****61.25

DOCUMENT # N06000005476

1. Entity Name
LAKESIDE AT TAMARAC CONDOMINIUM ASSOCIATION, INC.

60045003

Principal Place of Business	Mailing Address
2850 DOUGLAS RD., SUITE 400 CORAL GABLES, FL 33134	2850 DOUGLAS RD., SUITE 400 CORAL GABLES, FL 33134

07112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	12460 SW 8 street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 202
City & State	City & State Miami, FL 33184
Zip / Country	Zip / Country 33184 / USA

4. FEI Number
20-5822954
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HERNANDEZ, HECTOR~~ ~~2850 DOUGLAS RD., SUITE 400~~ ~~CORAL GABLES, FL 33134~~	Name: Tamara Moran Street Address (P.O. Box Number is Not Acceptable): 12460 SW 8 Street #202 City: Miami FL Zip Code: 33186

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: Tamara Moran Tamara Moran 07/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAVO, ARMANDO 2850 DOUGLAS RD., SUITE 400 CORAL GABLES, FL 33134	☑ Delete	D Mamonvil, Nicolas 4119 LAKESIDE Drive TAMARAC, FL 33319	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALINSKY, ILYA 2850 DOUGLAS RD., SUITE 400 CORAL GABLES, FL 33134	☑ Delete	D Huggins, Simone 4123 LAKESIDE DI. TAMARAC, FL 33319	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, ANDRES 2850 DOUGLAS RD., SUITE 400 CORAL GABLES, FL 33134	☑ Delete	D Gelman-Edwards, Carolyn 4113-LAKESIDE-DI. TAMARAC, FL 33319	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D McKnight, Vivia 4179 LAKESIDE DI. TAMARAC, FL 33319	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Palacio, Jose 4177 LAKESIDE Drive TAMARAC, FL 33319	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Palacio Jose Palacio Director 07/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #