2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N06000005476

Entity Name: LAKESIDE AT TAMARAC CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2850 DOUGLAS RD., SUITE 400
CORAL GABLES, FL 33134

New Principal Place of Business:

4209 LAKESIDE DRIVE
TAMARAC, FL 33319 US

Current Mailing Address:

12460 SW 8TH ST STE 202
MIAMI, FL 33184

New Mailing Address:

FEI Number: 20-5822954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAN, TAMARA
12460 SW 8 STREET STE 202
MIAMI, FL 33184 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: D ( ) Delete
Name: MAMONVIL, NICOLAS
Address: 4119 LAKESIDE DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete
Name: HUGGINS, SIMONE
Address: 4129 LAKESIDE DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete
Name: GELMAN-EDWARDS, CAROLYN
Address: 4113 LAKESIDE DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: D ( ) Delete
Name: MCKINIGHT, VIVIA
Address: 4179 LAKESIDE DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: D (X) Delete
Name: PALACIO, JOSE
Address: 4177 LAKESIDE DRIVE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MCKNIGHT, VIVIA
Address: 4179 LAKESIDE DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PALACIO, JOSE
Address: 4177 LAKESIDE DRIVE
City-St-Zip: TAMARAC, FL 33319

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VIVIA MCKNIGHT D 03/11/2009

Electronic Signature of Signing Officer or Director — Date