FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07114 (4)

1. Corporation Name

LAKESIDE AT TAMARAC CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
5481 N. STATE RD. 7 TAMARAC FL 33319	5481 N. STATE RD. 7 TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/15/1985	12/09/1994

4. FEI Number: 59-2275186 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRANADOS, FELIX SR
5481 N. STATE RD. 7
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	T/S/D	☒ Change ☐ Addition
NAME	GRANADOS, CARLOS	1.2 NAME	GRANADOS, ROBERTO	
STREET ADDRESS	5481 N. STATE RD. 7	1.3 STREET ADDRESS	5481 N. STATE RD.7	
CITY-ST-ZIP	TAMARAC FL 33319	1.4 CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	VD	2.1 TITLE	V/A	☒ Change ☐ Addition
NAME	URBANEK, AUGUST	2.2 NAME	GRANADOS, FELIX, JR	
STREET ADDRESS	5481 N. STATE RD. 7	2.3 STREET ADDRESS	5481 N. STATE RD.7	
CITY-ST-ZIP	TAMARAC FL 33319	2.4 CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	GRANADOS, FELIX, SR.	3.2 NAME		
STREET ADDRESS	5481 N. STATE RD. 7	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/22/95 (305) 485-6455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000276