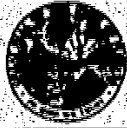


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1998.
 AMOUNT DUE ON OR BEFORE 4:45PM: \$100 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 10 AM 9:4
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N17936 (8)

1. Corporation Name
 LAKESIDE HOMEOWNERS ASSOCIATION OF OAKLAND PARK, INC.

Principal Place of Business Mailing Address
 2980 NW 24 AVE 2980 NW 24 AVE
 OAKLAND PARK FL 33311 OAKLAND PARK FL 33311
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/24/1986 3a. Date of Last Report 06/28/1994

4. FEI Number NOT APPLICABLE Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 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 FILING FEE IS \$61.25

8. This corporation has facility for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 CAPUTO, ALBERT
 1253 MEDINA AVENUE
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------|
| TITLE | SD |
| NAME | MURPHY, ALLEGRA |
| STREET ADDRESS | 2900 NW 24TH AVENUE |
| CITY - ST - ZIP | OAKLAND PARK FL |
| TITLE | D |
| NAME | S, JOHN |
| STREET ADDRESS | 1871 NW 27 ST |
| CITY - ST - ZIP | OAKLAND PARK FL |
| TITLE | S |
| NAME | MORTON, WILLIE F |
| STREET ADDRESS | 2311 NW 28TH ST |
| CITY - ST - ZIP | OAKLAND PARK FL |
| TITLE | D |
| NAME | EUBANKS, HAROLD |
| STREET ADDRESS | 2980 NW 24 AVE |
| CITY - ST - ZIP | OAKLAND PARK FL |
| TITLE | TD |
| NAME | JAMES, FREDERICK |
| STREET ADDRESS | 2341 NW 29 STR |
| CITY - ST - ZIP | OAKLAND PARK FL |
| TITLE | D |
| NAME | GILES, DESORAE |
| STREET ADDRESS | 2751 NW 18 TERRACE |
| CITY - ST - ZIP | OAKLAND PARK FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | GILES, JOHN |
| 2.3 STREET ADDRESS | 1871 NW 27 STREET |
| 2.4 CITY - ST - ZIP | Oakland Park, FL 33311 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | P EUBANKS, HAROLD |
| 4.3 STREET ADDRESS | 2980 NW 24 Avenue |
| 4.4 CITY - ST - ZIP | Oakland Park, FL 33311 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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)(b), 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: Willie F. Morton 7-3-95 (305) 731-2609
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3-95)