

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90003 034 ****61.25

DOCUMENT # N17936

1. Entity Name

LAKESIDE HOMEOWNERS ASSOCIATION OF OAKLAND PARK,

Principal Place of Business

Mailing Address

2120 N.W. 28TH ST.
 OAKLAND PARK FL 33311
 US

2120 N.W. 28TH ST.
 OAKLAND PARK FL 33311-2137
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

WILSON, WOODROW
 2120 N.W. 28TH ST.
 OAKLAND PARK FL 33311

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, WOODROW	
STREET ADDRESS	2120 N.W. 28TH ST.	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	MORTON, WILLIE F	
STREET ADDRESS	2311 NW 28TH ST	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, LEROY	
STREET ADDRESS	2930 NW 24TH AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILES, JOHN	
STREET ADDRESS	1871 NW 27TH ST	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, EMMA	
STREET ADDRESS	2991 NW 24TH AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, CHARLES	
STREET ADDRESS	2929 NW 24TH AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33311	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

2-2-2000

(954) 731-2609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)