

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90269 016 \*\*\*\*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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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	
CITY-ST-ZIP	
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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01 954 565-5147

Date

Daytime Phone #

CR2E037 (10/00)