

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90675 006 \*\*\*\*61.25

**DOCUMENT # N17936**

1. Entity Name

**LAKESIDE HOMEOWNERS ASSOCIATION OF OAKLAND PARK, INC.**

Principal Place of Business

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

Mailing Address

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

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	<b>WILSON, WOODROW</b>	
STREET ADDRESS	2120 N.W. 28TH ST.	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>MORTON, WILLIE F</b>	
STREET ADDRESS	2311 NW 28TH ST	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, LEROY</b>	
STREET ADDRESS	2930 NW 24TH AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GILES, JOHN</b>	
STREET ADDRESS	1871 NW 27TH ST	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BLACK, EMMA</b>	
STREET ADDRESS	2991 NW 24TH AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MOORE, CHARLES</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shalanda Giles</b>	
STREET ADDRESS	1861 N.W. 27th street	
CITY-ST-ZIP	Oakland Park, FL, 33311	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Malcolm Black</b>	
STREET ADDRESS	2991 N.W. 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		

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:

*[Handwritten Signature]*

4/26/02

954-565-5247

CR2E037 (9/01)