


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 22 PM 12:57

DOCUMENT # N17936 1. Entity Name LAKE SIDE 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	
5. Certificate of Status Desired <input type="checkbox"/>				10292004 REIN-NP CR2E099 (6/04) \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, WOODROW		NAME	900042928939	
STREET ADDRESS	2120 N.W. 28TH ST.		STREET ADDRESS	11/22/04--01058--015 **61.25	
CITY-ST-ZIP	OAKLAND PARK, FL 33311		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILES, SHALONDA		NAME		
STREET ADDRESS	1861 N., W 27TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACK, MALCOLM		NAME		
STREET ADDRESS	2991 NW 24 AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILES, JOHN		NAME		
STREET ADDRESS	1871 NW 27TH ST		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACK, EMMA		NAME		
STREET ADDRESS	2991 NW 24TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, CHARLES		NAME		
STREET ADDRESS	2929 NW 24TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OAKLAND PARK, FL 33311		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: <i>Woodrow Wilson</i>			11/10/04 954-565-5147 Date Daytime Phone #		

11/30/04