


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90161 039 \*\*\*\*61.25

<b>DOCUMENT # N17936</b>					
1. Entity Name <b>LAKESIDE HOMEOWNERS ASSOCIATION OF OAKLAND PARK, INC.</b>					
Principal Place of Business <b>2120 N.W. 28TH ST. OAKLAND PARK, FL 33311 US</b>			Mailing Address <b>2120 N.W. 28TH ST. OAKLAND PARK, FL 33311 US</b>		
2. Principal Place of Business <b>2681 N.W. 19TH AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2681 N.W. 19TH AVENUE</b> Suite, Apt. #, etc.			
City & State <b>OAKLAND PARK, FL</b>		City & State <b>OAKLAND PARK, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33311</b>		Country <b>BROWARD</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>33311</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WILSON, WOODROW 2120 N.W. 28TH ST. OAKLAND PARK, FL 33311</b>			7. Name and Address of New Registered Agent Name <b>CARLENE GOLPHINE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2681 N.W. 19TH AVENUE</b> City <b>OAKLAND PARK</b> <b>FL</b> Zip Code <b>33311</b>		
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 <b>CARLENE GOLPHINE, PRESIDENT</b>		<i>Carlene Golphine</i>		4/6/05	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, WOODROW 2120 N.W. 28TH ST. OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLENE GOLPHINE 2681 N.W. 19TH AVENUE OAKLAND PARK, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILES, SHALONDA 1861 N., W 27TH STREET FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAZEL GRISHAM 2340 N.W. 29TH STREET OAKLAND PARK, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLACK, MALCOLM 2991 NW 24 AVE FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGE GRIFFIN 2511 N.W. 26TH STREET OAKLAND PARK, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILES, JOHN 1871 NW 27TH ST OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANICE REDDICK 2760 N.W. 26TH AVENUE OAKLAND PARK, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, EMMA 2991 NW 24TH AVE OAKLAND PARK, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODROW WILSON 2120 N.W. 28TH STREET OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, CHARLES 2929 NW 24TH AVE OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Carlene Golphine</i>		<b>CARLENE GOLPHINE</b>		4/6/05 (954) 735-8472	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	



03242005 Chg-NP CR2E037 (10/03)