

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

06-21-2006 90002 026 \*\*\*\*61.25

<b>DOCUMENT # N17936</b> 1. Entity Name <b>LAKESIDE HOMEOWNERS ASSOCIATION OF OAKLAND PARK, INC.</b>					
Principal Place of Business 2681 N.W. 19TH AVE OAKLAND PARK, FL 33311 US				Mailing Address 2681 N.W. 19TH AVE OAKLAND PARK, FL 33311 US	
2. Principal Place of Business <b>2511 NW 26TH STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>2511 NW 26TH STREET</b> Suite, Apt. #, etc.		<b>40096475</b> 	
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>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOLPHINE, CHARLENE</b> <b>2681 N.W. 19TH AVE</b> <b>OAKLAND PARK, FL 33311</b>		7. Name and Address of New Registered Agent Name <b>GEORGE GRIFFIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2511 NW 26TH STREET</b> City <b>OAKLAND PARK, 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>GEORGE GRIFFIN, PRESIDENT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>6/3/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLPHINE, CHARLENE 2681 N.W. 19TH AVE OAKLAND PARK, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, GEORGE 2511 NW 26TH STREET OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRISHAM, HAZEL 2340 NW 29TH ST OAKLAND PARK, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, WOODROW 2120 NW 28TH 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	D GOLPHINE, CARLENE 2681 NW 19TH AVENUE OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFIN, GEORGE 2511 NW 20TH ST OAKLAND PARK, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, DENNIS 2700 NW 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 GILES, JOHN 1871 NW 27TH STREET OAKLAND PARK, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDICK, JANICE 2760 NW 26TH AVE OAKLAND PARK, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, ROSE 2781 NW 26TH AVENUE OAKLAND PARK, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			<b>GEORGE GRIFFIN</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>6/3/06</b> Daytime Phone # <b>754 224-0727</b>		