

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-25-2007 90047 015 \*\*\*\*61.25

**DOCUMENT # N17936**

1. Entity Name  
**LAKESIDE HOMEOWNERS ASSOCIATION OF OAKLAND PARK, INC.**



Principal Place of Business  
**2511 NW 26TH ST  
OAKLAND PARK, FL 33311 US**

Mailing Address  
**2511 NW 26TH ST  
OAKLAND PARK, FL 33311 US**

2. Principal Place of Business - No P.O. Box #  
**2633 NW 18<sup>th</sup> Terr.**

3. Mailing Address  
**2633 NW 18<sup>th</sup> Terr.**

Suite, Apt. #, etc.

City & State  
**Oakland Park FL**

City & State  
**Oakland Park, FL**

Zip  
**33311**

Country  
**Broward**

Zip  
**33311**

Country  
**Broward**

6. Name and Address of Current Registered Agent

**GRIFFIN, GEORGE  
2511 NW 26TH ST  
OAKLAND PARK, FL 33311**

07112007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Griffin, George A.**

Street Address (P.O. Box Number is Not Acceptable)  
**2633 NW 18<sup>th</sup> Terr.**

City **Oakland Park FL** Zip Code **33311**

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 **George A. Griffin, President** *George A. Griffin* **7/11/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIFFIN, GEORGE	
STREET ADDRESS	2511 NW 26TH ST	
CITY-ST-ZIP	OAKLAND PARK, FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRISHAM, HAZEL	
STREET ADDRESS	2340 NW 29TH ST	
CITY-ST-ZIP	OAKLAND PARK, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLPHINE, CARLENE	
STREET ADDRESS	2681 NW 19TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, GEORGE	
STREET ADDRESS	2511 NW 20TH 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 checked="" type="checkbox"/> Delete
NAME	REDDICK, JANICE	
STREET ADDRESS	2760 NW 26TH AVE	
CITY-ST-ZIP	OAKLAND PARK, FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Woodrow	
STREET ADDRESS	2120 NW 28 <sup>th</sup> St.	
CITY-ST-ZIP	Oakland Park, FL 33311	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Giles, John	
STREET ADDRESS	1871 NW 27 <sup>th</sup> St.	
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		

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: *George A. Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

**7-11-07 754 224-0727**  
Date Daytime Phone #