
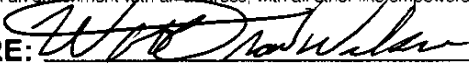


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 21, 2008 8:00 am**  
**Secretary of State**

08-21-2008 90001 006 \*\*\*\*61.25

<b>DOCUMENT # N17936</b>			
1. Entity Name <b>LAKESIDE HOMEOWNERS ASSOCIATION OF OAKLAND PARK, INC.</b>			
Principal Place of Business 2633 NW 18TH TERR OAKLAND PARK, FL 33311 US		Mailing Address 2633 NW 18TH TERR OAKLAND PARK, FL 33311 US	
2. Principal Place of Business - No P.O. Box # <b>2120 NW 28TH STREET</b>		3. Mailing Address <b>2120 NW 28TH STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>OAKLAND PARK, FL</b>		City & State <b>OAKLAND PARK, FL</b>	
Zip <b>33311</b>		Country <b>BROWARD</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
GRIFFIN, GEORGE A 2633 NW 18TH TERR OAKLAND PARK, FL 33311		Name <b>WOODROW WILSON</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2120 NW 28TH 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>WOODROW WILSON, PRESIDENT</b>		8/15/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
<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 GRIFFIN, GEORGE 2511 NW 26TH ST OAKLAND PARK, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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	SD GRISHAM, HAZEL 2340 NW 29TH ST OAKLAND PARK, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRIFFIN, GEORGE 2633 NW 18TH TERR OAKLAND PARK, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLPHINE, CARLENE 2681 NW 19TH AVE FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLACK, MALCOLM 2991 NW 24TH AVENUE OAKLAND PARK, FL 33311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, WOODROW 2120 NW 28TH ST OAKLAND PARK, FL 33311 <input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILES, JOHN 1871 NW 27TH ST OAKLAND PARK, FL 33311 <input 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 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: 		WOODROW WILSON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		8/15/08	
		754 246-0102	
		Daytime Phone #	