

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17936

FILED
Aug 19, 2009
Secretary of State

Entity Name: LAKESIDE HOMEOWNERS ASSOCIATION OF OAKLAND PARK, INC.

Current Principal Place of Business:

2120 NW 28TH STREET
OAKLAND PARK, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

2120 NW 28TH STREET
OAKLAND PARK, FL 33311 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILSON, WOODROW
2120 NW 28TH STREET
OAKLAND PARK, FL 33311 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILSON, WOODROW
Address: 2120 NW 28TH STREET
City-St-Zip: OAKLAND PARK, FL 33311 US

Title: SD () Delete
Name: GRISHAM, HAZEL
Address: 2340 NW 29TH ST
City-St-Zip: OAKLAND PARK, FL 33311

Title: VD () Delete
Name: GRIFFIN, GEORGE
Address: 2633 NW 18TH TERR
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD () Delete
Name: BLACK, MALCOLM
Address: 2991 NW 24TH AVENUE
City-St-Zip: OAKLAND PARK, FL 33311

Title: D () Delete
Name: JACKSON, DENNIS
Address: 2700 NW 26TH AVE
City-St-Zip: OAKLAND PARK, FL 33311

Title: D () Delete
Name: GILES, JOHN
Address: 1871 NW 27TH ST
City-St-Zip: OAKLAND PARK, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM M. BLACK

DR.

08/19/2009

Electronic Signature of Signing Officer or Director

Date