2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N17936

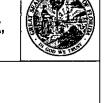
1. Entity Name



Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90148 025 ****61.25

FILED

LAKESIDE HOMEOWNERS ASSINC.	SOCIATION OF OAKLAND PARK,
Principal Place of Business	Mailing Address
2120 N.W. 28TH ST.	2120 N.W. 28TH ST.



			OAKLAND PARK FL 33311 US 3. Mailing Address) 	: 18818 18188 11918 8211 81811 318) 	
2. Principal Place of Business 3. Ma								
Suite, Apt. #, etc.			uite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State Ci		ity & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip	Country	Zij	p	Country	5. Certificate of Stat		\$8.75 Add	litional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	•		2	Name				
2120 N.V	WOODROW V. 28TH ST. D PARK FL 33311		بالحادة أنياف المطلق يبينان همه منيا	Street Addres	s (P.O. Box Number is No		,	İ
				City		FL	Zip Code	e
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent			egistered office or regis		e State of Florida. I am f	amiliar with,	and accept
		-			· · · · · · · · · · · · · · · · · · ·			
FILE NOW: FEE IS \$61.25		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 DI	RECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	RECTORS IN	10
TITLE	PD		☐ Delete	TITLE		•	☐ Change	☐ Addition
NAME	WILSON, WOODROW			NAME				ĺ
STREET ADDRESS	2120 N.W. 28TH ST.			STREET ADDRESS				
CITY-ST-ZIP	OAKLAND PARK FL 33311			CITY-ST-ZIP				
TITLE	S CHEC CHALONDA		☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS	GILES, SHALONDA 1861 N.W 27TH STREET			NAME STREET ADDRESS	•			ĺ
CITY-ST-ZIP	FORT LAUDERDALE FL 33311			CITY-ST-ZIP				ĺ
TITLE	TD		Delete	TITLE			☐ Change	Addition
NAME	BLACK, MALCOLM	-		NAME				
STREET ADDRESS	2991 NW 24 AVE			STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33311			CITY-ST-ZIP				
TITLE	D		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	GILES, JOHN			NAME				
STREET ADDRESS	1871 NW 27TH ST			STREET ADDRESS				
CITY-ST-ZIP	OAKLAND PARK FL 33311			CITY-ST-ZIP				
TITLE	D Black, Emma		☐ Delete	TITLE			Change	☐ Addition {
NAME Street address	2991 NW 24TH AVE			NAME STREET ADDRESS				1
CITY-ST-ZIP	OAKLAND PARK FL 33311			CITY-ST-ZIP				
TITLE	D		☐ Delete	TITLE			☐ Change	Addition
NAME	MOORE, CHARLES		□ Dele/c	NAME				Addition
STREET ADDRESS	2929 NW 24TH AVE			STREET ADDRESS				
CITY-ST-ZIP	OAKLAND PARK FL 33311			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE REQUIRED

954-565-5147