2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Anr 24. 2006 8:00 am

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/I 4	Secretary of Sta
	04-24-2006 90441 034 ****61.2

DOCUMENT # N99000004660 1. Entity Name LAKESIDE CORPORATE PARK ASSOCIATION, INC. Mailing Address Principal Place of Business 50016091 7071 COMMERCIAL BLVD C/O SUNRAE MANAGEMENT SVC INC 210 N. UNIVERSITY DR., STE 200 STF 2-B TAMARAC, FL 33319 US POMPANO BEACH, FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-NP CR2E037 (11/05) Applied For City & State 4. FEI Number 65-0976584 City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSCH, KAREN Street Address (P.O. Box Number is Not Acceptable) C/O SUNRAE MGMT SERVICES INC 7071 W COMMERICAL BLVD STE 2-B TAMARAC, FL 33319 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Filling Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE Delete TITLE ☐ Change ☐ Addition MILLER, BOB NAME NAME STREET ADDRESS 2500 WESTON RD STREET ADDRESS WESTON, FL 33331 CITY-ST-ZIP CITY-ST-7IP VPD TITLE ☐ Delete TITLE ☐ Change Addition KRATHEN, FRAN NAME NAME 2500 WESTON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP SD □ Delete ☐ Change ☐ Addition TITLE TITLE ROGERS, CAROLE NAME NAME STREET ADDRESS 2500 WESTON RD STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP מד Delete TITLE ☐ Change ☐ Addition TITLE STOLARCZUK, UDO NAME NAME STREET ADDRESS 2500 WESTON RD STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CITY-ST-78P Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 pry 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 attackingent with an address, withfall one; like empowered.

SIGNATURE:

SIGNATURE OND TYPED OR PRINTE NAME OF BIGNING OF ER OR DIRECTOR

Daytime Phone #