| 2991 N. W. 24T<br>OAKLAND PAR                 |   |                                   |   |                      |
|---|---|-----------------------------------|---|----------------------|
| Current Mai                                   | ling Address:   |                                   |   |                      |
| 2991 N. W. 2<br>OAKLAND F                     | 24TH AVE.<br>PARK, FL 33311 US  |                                   |   |                      |
| FEI Number: NOT APPLICABLE                    |   | Certificate of Status Desired: No |   |                      |
| Name and Address of Current Registered Agent: |   |                                   |   |                      |
| BLACK, MALCO<br>2991 NW 24 AV<br>OAKLAND PAR  |   |                                   |   |                      |
|   |   |                                   |   |                      |
| The above name                                | d entity submits this statement for the purpose of changing its regis   | stered office or regis            | tered agent, or both, in the State of Flo | orida.               |
|   | d entity submits this statement for the purpose of changing its regis<br>: MALCOLM M. BLACK                     | stered office or regis            | tered agent, or both, in the State of Flo | orida.<br>03/20/2023 |
|   |   | stered office or regis            | tered agent, or both, in the State of Fk  |                      |
|   | Electronic Signature of Registered Agent  | stered office or regis            | tered agent, or both, in the State of Flo | 03/20/2023           |
| SIGNATURE                                     | Electronic Signature of Registered Agent  | stered office or regis            | tered agent, or both, in the State of Flo | 03/20/2023           |
| SIGNATURE<br>Officer/Dire                     | MALCOLM M. BLACK     Electronic Signature of Registered Agent     ctor Detail :                                 |                                   |   | 03/20/2023           |
| SIGNATURE<br>Officer/Dire                     | Electronic Signature of Registered Agent Ctor Detail : PD   | Title                             | SD  | 03/20/2023           |
| SIGNATURE<br>Officer/Dire<br>Title<br>Name    | Electronic Signature of Registered Agent<br>Ctor Detail :<br>PD<br>BLACK, MALCOLM M. DR.<br>2991 NW 24TH AVENUE | Title<br>Name                     | SD<br>PAUL, ADRIENNE TIA DR.              | 03/20/2023           |

Name

Address

City-State-Zip:

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17936

Name

Address

City-State-Zip:

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

**Current Principal Place of Business:** 

I hereby 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 all other like empowered.

## SIGNATURE: MALCOLM M. BLACK

CHARLTON, OLIVIA

2350 NW 28TH STREET

OAKLAND PARK FL 33311

03/20/2023

Electronic Signature of Signing Officer/Director Detail

**FILED** 

Mar 20, 2023

Secretary of State

2774019665CC

GOLPHINE, CARLENE

2681 NW 19TH AVENUE

OAKLAND PARK FL 33311

Date