

2000 UNIFORM BUSINESS REPORT (UBR)

5/31/

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-31-2000 90226 027 ****61.25

DOCUMENT # 733127

1. Entity Name
LAKESHORE TOWNHOMES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
 9000 SHERIDAN ST 9000 SHERIDAN ST
 STE 134 STE 134
 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-6801
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **4110 SW 61 AVE**
 Suite, Apt. #, etc.

3. Mailing Address: **4124 S.W. 61 AVE.**
 Suite, Apt. #, etc.

City & State: **DAVIE, FL.**
 Zip: **33314**
 Country: **BROWARD**

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4. FEI Number: **59-2093763**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CONDO ACCOUNTING
9000 SHERIDAN ST
STE 134
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent
 Name: **JAMES N. BUSH**
 Street Address (P.O. Box Number is Not Acceptable): **6191 W. ATLANTIC BLVD**
 City: **MARGATE** FL Zip Code: **33063**

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.

SIGNATURE: *James N. Bush* DATE: 6/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: GEORGE, C.K. STREET ADDRESS: 5340 QUEEN LAKE TERRACE CITY-ST-ZIP: DAVIE FL	<input type="checkbox"/> Delete
TITLE: D NAME: PENA, PHIL STREET ADDRESS: 6092 SW 41ST STREET CITY-ST-ZIP: DAVIE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: PROCIA, JAMES STREET ADDRESS: 4118 S.W 61ST AVE CITY-ST-ZIP: DAVIE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: BUSH, JAMES <i>Sec/Treas</i> STREET ADDRESS: 4126 SW 61 AVENUE CITY-ST-ZIP: DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D/P NAME: CECIL ROSS HENDERSON STREET ADDRESS: 4124 S.W. 61 AVE. CITY-ST-ZIP: DAVIE, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HELEN K. BUSH STREET ADDRESS: 4126 SW 61 AVE CITY-ST-ZIP: DAVIE, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Cecil Ross Henderson* DATE: 5-22-00 DAYTIME PHONE: 954-722-4300-368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR