

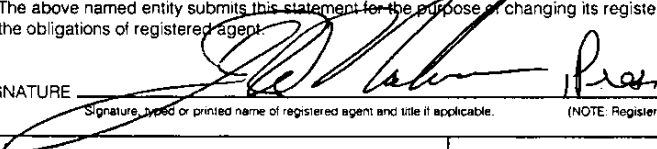
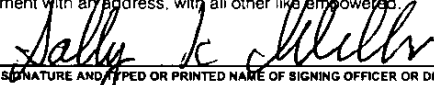


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90004 029 ****61.25

DOCUMENT # 733127					
1. Entity Name LAKESHORE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4128 SW 61 AVE DAVIE, FL 33314 US		Mailing Address 4128 SW 61 AVE DAVIE, FL 33314 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2093763 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
BUSH, JAMES NESQ 4900 SW 64TH AVENUE DAVIE, FL 33314				7. Name and Address of New Registered Agent Name <u>IRVING W. NACHMAN, P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4441 STRLIDG ROAD</u> City <u>FORT LAUDERDALE</u> FL Zip Code <u>33314</u>	
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 				DATE <u>2/6/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, HELEN K		NAME	Helen K. Bush	
STREET ADDRESS	4128 SW 61 AVE		STREET ADDRESS	4128 SW 61 ave	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, SARAH L		NAME	Sarah L Bush	
STREET ADDRESS	4128 SW 61 AVE		STREET ADDRESS	4128 SW 61 state	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314		CITY-ST-ZIP	DAVIE FL 33314	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, KATHLEEN		NAME	Sally Willis	
STREET ADDRESS	4116 SW 61 AVE		STREET ADDRESS	4118 SW 61 state	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314		CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSH, JAMES N		NAME	Maria Ramirez	
STREET ADDRESS	4128 SW 61 AVE		STREET ADDRESS	6092 SW 41st St	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33314		CITY-ST-ZIP	DAVIE FL 33314	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSES, GRACIELA		NAME	Barbara Knapp-Ramirez	
STREET ADDRESS	12206 MELISSA WAY		STREET ADDRESS	6090 SW 41st St	
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: 				DATE: <u>2/2/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	