

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$100 (IF DISSOLVED, UNPAID AMOUNT DUE TO RESTATE: \$000)

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

1995 JUL 12 AM 9:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 757576 (4)  
 1. Corporation Name  
 LAKESHORE CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 9045 NW 45TH COURT 9045 NW 45TH COURT  
 SUNRISE FL 33351-5345 SUNRISE FL 33351-5345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/15/1981	02/11/1994
4. FEI Number	Applied For
59-2135272	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	26. Mailing Address
21	26
Suits, Apt. #, etc.	Suits, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
	29
	30

9. Name and Address of Current Registered Agent  
 WEINBERG, STEVEN A  
 8000 PETERS ROAD  
 SUITE 100  
 PLANTATION 33324

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	TORREGROSSA, MICHAEL
STREET ADDRESS	4579 NW 90 AVE
CITY - ST - ZIP	SUNRISE FL
TITLE	VP
NAME	STEINBERG, LYNN
STREET ADDRESS	4583 NW 91ST AVE
CITY - ST - ZIP	SUNRISE FL
TITLE	T
NAME	TERRANOVA, NANCY
STREET ADDRESS	4801 NW 91ST AVE
CITY - ST - ZIP	SUNRISE FL
TITLE	D
NAME	FIELDS, MICHAEL
STREET ADDRESS	4578 NW 90 AVE
CITY - ST - ZIP	SUNRISE FL
TITLE	D
NAME	SEGAL, MARCH
STREET ADDRESS	9038 NW 45 CT
CITY - ST - ZIP	SUNRISE FL
TITLE	D
NAME	SMITH, ANGELA
STREET ADDRESS	9045 NW 45 CT
CITY - ST - ZIP	SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLOTTE POLICARI
1.3 STREET ADDRESS	4534 NW 90TH AVE.
1.4 CITY - ST - ZIP	SUNRISE, FL 33351
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARINA FRANKOVITZ-GROSS
2.3 STREET ADDRESS	4538 NW 90TH AVE.
2.4 CITY - ST - ZIP	SUNRISE, FL 33351
3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEBRA LEE WASHINGTON
3.3 STREET ADDRESS	4543 NW 90TH AVE.
3.4 CITY - ST - ZIP	SUNRISE, FL 33351
4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LESLIE SCHATZ
4.3 STREET ADDRESS	9044 NW 45TH COURT
4.4 CITY - ST - ZIP	SUNRISE, FL 33351
5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SHARON BRISSETT
5.3 STREET ADDRESS	9032 NW 45TH COURT
5.4 CITY - ST - ZIP	SUNRISE, FL 33351
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ELLEN OWENS WOOD
6.3 STREET ADDRESS	9070 NW 45TH COURT
6.4 CITY - ST - ZIP	SUNRISE, FL 33351

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debra Lee Washington* TREASURER JULY 7, 1995 305-741-3495  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone  
 DEBRA LEE WASHINGTON

CR2ED07 (3/95)