

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **04/15/1981**
3a. Date of Last Report: **07/12/1995**
4. FEI Number: **59-2135272**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25** Zip: **29** Country: **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 617.150B, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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: _____ (NOTE: Registered Agent signature required when remaining) DATE: _____

| 12. OFFICERS AND DIRECTORS | | <input type="checkbox"/> DELETE |
|----------------------------|---------------------------------|--|
| TITLE | P | |
| NAME | POLICARI, CHARLOTTE | |
| STREET ADDRESS | 4534 NW 90TH AVE | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | VP | |
| NAME | FRANKOVITZ GROSS, MARINA | |
| STREET ADDRESS | 4538 NW 90TH AVE | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | T | |
| NAME | WASHINGTON, DEBRA L | |
| STREET ADDRESS | 4543 NW 90TH AVE | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | D | |
| NAME | SCHATZ, LESLIE | |
| STREET ADDRESS | 9044 NW 45TH COURT | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BRISSETT, SHARON | |
| STREET ADDRESS | 9032 NW 45TH COURT | |
| CITY-ST-ZIP | SUNRISE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WOOD, ELLEN O | |
| STREET ADDRESS | 9070 NW 45TH COURT | |
| CITY-ST-ZIP | SUNRISE FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--------------------------|-------------------------------------|-------------------------------------|
| 1.1 TITLE | All ZIPS | | |
| 1.2 NAME | 33351 | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | | |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | Secretary | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | Treasurer | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | Director | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5.2 NAME | Marjorie Kornfeld | | |
| 5.3 STREET ADDRESS | 4583 NW 90th Ave. | | |
| 5.4 CITY-ST-ZIP | Sunrise, FL 33351 | | |
| 6.1 TITLE | Director | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.2 NAME | Andrea Smith | | |
| 6.3 STREET ADDRESS | 9040 N.W. 45 Ct. | | |
| 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 L. Washington* Debra L. Washington, Sec. 1/25/96 (954) 741-3495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)