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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 757576 (4)

1. Corporation Name

LAKE SHORE CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9045 NW 45TH COURT
SUNRISE FL 33351-5345

9045 NW 45TH COURT
SUNRISE FL 33351-5345

3. Date Incorporated or Qualified
04/15/1981

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 10191 W Sample Rd

26 10191 W. Sample Rd

4. FEI Number
59-2135272

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Suite 203

27 Suite, Apt. #, etc.
203

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

23 City & State
Coral Springs FL

28 City & State
Coral Springs FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
33065

25 Country
Broward

29 Zip
33065

30 Country
Broward

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINBERG, STEVEN A
8000 PETERS ROAD
SUITE 100
PLANTATION 33324

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 *Angela Myk*
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 1/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	POLICARI, CHARLOTTE	
STREET ADDRESS	4934 NW 90TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FRANKOVITZ GROSS, MARINA	
STREET ADDRESS	4338 NW 90TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WASHINGTON, DEBRA L	
STREET ADDRESS	4543 NW 90TH AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCHATZ, LESLIE	
STREET ADDRESS	9041 NW 45TH COURT	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	KORNFELD, MARJORE	
STREET ADDRESS	4583 NW 90TH AVENUE	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	WOOD, ELLEN O	
STREET ADDRESS	9070 NW 45TH COURT	
CITY-ST-ZIP	SUNRISE FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ellen Wood	
1.3 STREET ADDRESS	9070 NW 45th Ct.	
1.4 CITY-ST-ZIP	Sunrise, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marjore Kornfeld	
2.3 STREET ADDRESS	4583 NW 90th Ave.	
2.4 CITY-ST-ZIP	Sunrise, FL	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Angela Myk	
3.3 STREET ADDRESS	4579 NW 90th Ave	
3.4 CITY-ST-ZIP	Sunrise, FL	
4.1 TITLE	B	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mike Torregrossa	
4.3 STREET ADDRESS	4579 NW 90th Ave	
4.4 CITY-ST-ZIP	Sunrise, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Andrea Smith	
5.3 STREET ADDRESS	9040 NW 45th Ct	
5.4 CITY-ST-ZIP	Sunrise, FL	
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gloria Klein	
6.3 STREET ADDRESS	9040 NW 45th Ct	
6.4 CITY-ST-ZIP	Sunrise, FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Angela Myk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/15/97

Daytime Phone # 0037862

CP2E037 (9/96)