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**Apr 28 1998 8:00am
Secretary of State**

NON-PROFIT CORPORATION
ANNUAL REPORT
1998



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 10191 W. SAMPLE RD. 203 CORAL SPRINGS FL 33069 US	Mailing Address 10191 W. SAMPLE RD. 203 CORAL SPRINGS FL 33065 US
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3. Date Incorporated or Qualified 04/15/1981
4. FEI Number 59-2135272
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 Susan Bakalar
82 Street Address (P.O. Box Number is Not Acceptable) 2240 S.W. 70th Ave - Ste 110
83 City & State
84 City Davie
85 State FL
86 Zip Code 33317

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: *Susan P. Bakalar* **Susan P. Bakalar, President** DATE: **4/6/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WOOD, ELLEN	
STREET ADDRESS	9070 NW 45TH CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KORNFIELD, MAJORIE	
STREET ADDRESS	4583 NW 90 AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MYK, ANGELA	
STREET ADDRESS	4574 NW 90 AVE.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TORREGROSSA, MKE	
STREET ADDRESS	4579 NW 90 AVE.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ANDREA	
STREET ADDRESS	9040 NW 45 CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, GLORIA	
STREET ADDRESS	9046 NW 45 CT	
CITY-ST-ZIP	SUNRISE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Ellen Wood* **ELLEN WOOD**

CFR2037 (10/97)