


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90005 048 \*\*\*\*61.25

03/16/99

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 757576**

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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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified <b>04/15/1981</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2135272</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**BAKALER, SUSAN**  
**2240 SW 70TH AVE**  
**SUTIE HP**  
**DAVIE FL 33317**

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WOOD, ELLEN</b>	1.2 NAME	<b>D Darlene Frantz</b>
STREET ADDRESS	<b>9070 NW 45TH CT</b>	1.3 STREET ADDRESS	<b>9064 NW 45th Ct</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>	1.4 CITY-ST-ZIP	<b>Sunrise, FL</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S TORREGROSSA, MIKE</b>	2.2 NAME	<b>D Lawrence Billman</b>
STREET ADDRESS	<b>4579 NW 90 AVE.</b>	2.3 STREET ADDRESS	<b>9066 NW 45th Ct</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>	2.4 CITY-ST-ZIP	<b>Sunrise, FL</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T SMITH, ANDREA</b>	3.2 NAME	<b>D Timothy Savage</b>
STREET ADDRESS	<b>9040 NW 45 CT</b>	3.3 STREET ADDRESS	<b>4609 NW 91st Ave</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>	3.4 CITY-ST-ZIP	<b>Sunrise, FL</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPD KLEIN, GLORIA</b>	4.2 NAME	
STREET ADDRESS	<b>9046 NW 45 CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: E. Wood **SIGNATURE REQUIRED**

2/3/99

CR2E037 (11/98)