

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90051 014 \*\*\*\*61.25

**DOCUMENT # 757576**

1. Entity Name

**LAKESHORE CLUB HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

10191 W. SAMPLE RD.  
 203  
 CORAL SPRINGS FL 33069  
 US

10191 W. SAMPLE RD.  
 203  
 CORAL SPRINGS FL 33065-3960  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2135272**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WOOD, ELLEN	
STREET ADDRESS	9070 NW 45TH CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TORREGROSSA, MIKE	
STREET ADDRESS	4579 NW 90 AVE.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ANDREA	
STREET ADDRESS	9040 NW 45 CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KLIEIN, GLORIA	
STREET ADDRESS	9046 NW 45 CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANTZ, DARLENE	
STREET ADDRESS	9064 NW 45TH CT	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILLMAN, LAWRENCE	
STREET ADDRESS	9056 NW 45TH CT	
CITY-ST-ZIP	SUNRISE FL	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHATZ, LESLIE	
STREET ADDRESS	9044 N.W. 45 CT.	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVAGE, TIMOTHY	
STREET ADDRESS	4609 NW 91 AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, SHARON	
STREET ADDRESS	9032 NW 45TH CT.	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINDELL, JILL	
STREET ADDRESS	9050 N.W. 45 CT.	
CITY-ST-ZIP	SUNRISE, FL	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFRIN WILLIAMS	
STREET ADDRESS	4571 NW 90TH AVE	
CITY-ST-ZIP	SUNRISE, FL 33351	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**WUSTENHUTTEN SAVAGE SECRETARY 1/28/00 (954) 748-1750**

CR2E037 (9/99)