

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90411 027 ****61.25

A0068493

DOCUMENT # 757576
1. Entity Name
 Lake Shore Club Homeowners Association, Inc

Principal Place of Business
 c/o Consolidated Community Management
 10034 W McNab Rd
 TAMARAC, FL 33321

Mailing Address
 Consolidated Community Mgt
 10034 W McNab Road
 TAMARAC, FL 33321

2. Principal Place of Business
 10034 W McNab
 Suite, Apt. #, etc.

3. Mailing Address
 10034 W McNab Road
 Suite, Apt. #, etc.

City & State
 TAMARAC, FL

City & State
 TAMARAC FLORIDA

4. FEI Number
 59 2135272

Applied For
 Not Applicable

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

Zip 33321 **Country**

Zip 33321 **Country**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 BAKALER, SUSAN
 2240 SW 70 AVE
 Suite 4P
 DADE, FL 33317

7. Name and Address of New Registered Agent
Name Consolidated Community Management
Street Address (P.O. Box Number is Not Acceptable)
 10034 W McNab Road
City TAMARAC, FL **FL** **Zip Code** 33321

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  **James Miles** **4-29-00**
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TD	LESLIE SCHATZ	9044 NW 45 CT	SUNRISE, FL 33351	<input type="checkbox"/>
SO	Timothy Savage	4609 NW 91 AVE	SUNRISE FL 33351	<input type="checkbox"/>
VPD	Sharon Campbell	9032 NW 45 CT	SUNRISE, FL 33351	<input type="checkbox"/>
D	JILL SWINDELL	9050 NW 45 CT	SUNRISE, FL 33351	<input type="checkbox"/>
D	Darlene Frantz	9064 NW 45 CT		<input type="checkbox"/>
D	Clifford Williams	4571 NW 90 AVE	SUNRISE, FL 33351	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

718-9903 (8.54)