

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90342 014 \*\*\*\*61.25

**DOCUMENT # 757576**

1. Entity Name

**LAKESHORE CLUB HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O CONSOLIDATED COMMUNITY MANAGEMENT  
 10031 W MCBAN RD  
 TAMARAC FL 33321  
 US

C/O CONSOLIDATED COMMUNITY MANAGEMENT  
 10031 W MCBAN RD  
 TAMARAC FL 33321  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2135272**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONSOLIDATED COMMUNITY MANAGEMENT**  
**10034 W MCNAB ROAD**  
**TAMARAC FL 33321**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SCHATZ, LESLIE</b> <b>9044 NW 45TH COURT</b> <b>SUNRISE FL 33351</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SAVAGE, TIMOTHY</b> <b>4609 NW 91ST AVENUE</b> <b>SUNRISE FL 33351</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>CAMPBELL, SHARON</b> <b>9032 NW 45TH COURT</b> <b>SUNRISE FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SWINDELL, JILL</b> <b>9050 NW 45TH COURT</b> <b>SUNRISE FL 33351</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANTZ, DARLENE</b> <b>9064 NW 45TH COURT</b> <b>SUNRISE FL 33351</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, CLIFRIN</b> <b>4571 NW 90TH AVE</b> <b>SUNRISE FL 33351</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Watzel, Rodney</b> <b>4547 NW 90th Avenue</b> <b>Sunrise, FL 33351</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Sattler, Valerie</b> <b>4563 NW 90th Avenue</b> <b>SUNRISE, FL 33351</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Brissett-Campbell, Sharon</b> <b>9032 NW 45th COURT</b> <b>SUNRISE, FL 33351</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Swindell, Jill</b> <b>9050 NW 45th COURT</b> <b>SUNRISE, FL 33351</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Washington, Debra L.</b> <b>4543 NW 90th Avenue</b> <b>Sunrise, FL 33351</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of Sharon Brissett-Campbell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-19-02**

CR2E037 (9/01)