2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757576

1. Entity Name

LAKESHORE CLUB HOMEOWNERS ASSOCIATION, INC.

)		03-14-2002 90342 0		
Principal Place of Business C/O CONSOLIDATED COMMUNITY MANAGEMENT 10031 W MCBAN RD TAMARAC FL 33321 US		Mailing Address			•			
		C/O CONSOLIDATED COMMUNITY MANAGEMENT 10031 W MCBAN RD TAMARAC FL 33321 US		EMENT	 	1811 18831 ASINE 1886 ANSI ANDIN AND	iei digit gigit di	INII NINIZ INNI
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE	
City & State		City & State			4. FEI Number	9-2135272		pplied For
Zip	Country	Zip	Country		5. Certificate of St		\$8.75 Ad	
	6. Name and Address of Current		 -		7. Name and Add	Iress of New Registered		eu e
		g	Nam	e	The state of the s			
CONSOLIDATED COMMUNITY MANAGEMEN		NT	Stree	Street Address (P.O. Box Number is Not Acceptable)				
	MCNAB ROAD							
IAMARAU	FL 33321		City			FL	Zip Cod	ie
	named entity submits this statement for						<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent sig	gnature required	when reinstating)	DATE	***************************************	
	Signature, typed or printed name of registered agent	st and title if applicable. (NOTE 9. Election Cam Trust Fund C	npaign Financin		\$5.00 May Be Added to Fees	Make Checl Departme		
		9. Election Cam Trust Fund C	npaign Financin	g 🗆	\$5.00 May Be Added to Fees	Make Chec	nt of Stat	e
10. Title	FILE NOW: FEE IS \$61.25 OFFICERS AND DI	9. Election Cam Trust Fund C	npaign Financin Contribution.	g 🗆 🗡	\$5.00 May Be Added to Fees	Make Checl Departme	nt of Stat	N 10 Addition
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SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI TD SCHATZ, LESLIE 9044 NW 45TH COURT	9. Election Cam Trust Fund C	npaign Financin Contribution.	g	\$5.00 May Be Added to Fees ADDITIONS/CHANGE AT NW	Make Check Department Distriction of the Check Standard S	RECTORS II Change	N 10 Addition
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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:**

SUNRISE FL 33351

CITY-ST-ZIP

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