


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90211 009 \*\*\*\*61.25

**DOCUMENT # 757576**

1. Entity Name  
**LAKESHORE CLUB HOMEOWNERS ASSOCIATION, INC.**



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**

*1895*  
~~94073542~~



2. Principal Place of Business		3. Mailing Address		03302004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2135272</b>		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CONSOLIDATED COMMUNITY MANAGEMENT</b> <b>10034 W MCNAB ROAD</b> <b>TAMARAC, FL 33321</b>				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYK, ANGELA			NAME			
STREET ADDRESS	10034 W MCNAB RD			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORREGROSSA, MICHAEL			NAME			
STREET ADDRESS	10034 W MCNAB RD			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWINDELL, JILL			NAME	SWINDELL, JILL		
STREET ADDRESS	10034 W MCNAB RD			STREET ADDRESS	10034 W MCNAB RD		
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Captain, Michael		
STREET ADDRESS				STREET ADDRESS	10034 W MCNAB RD		
CITY-ST-ZIP				CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** Angela Myk 4/7/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #