

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2005  
Secretary of State**

DOCUMENT# 757576

Entity Name: LAKESHORE CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2135272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONSOLIDATED COMMUNITY MANAGEMENT  
10034 W MCNAB ROAD  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MYK, ANGELA  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete  
Name: TORREGROSSA, MICHAEL  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete  
Name: SWINDELL, JILL  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: CAPTAIN, MICHAEL  
Address: 10034 W MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: TORREGROSSA, MICHAEL  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: VD (X) Change ( ) Addition  
Name: SWINDELL, JILL  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change ( ) Addition  
Name: FRANTZ, DARLENE  
Address: 10034 W MCNAB RD.  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, CLIFRIN  
Address: 10034 W MCNAB ROAD  
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA MYK

PD

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date