

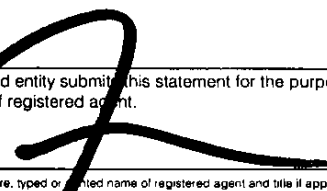


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90026 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		<p>60025768</p>  <p>01182007 Chg-NP CR2E037 (12/06)</p>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2135272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$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 Katzman + Korr Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49th St. Suite 202 City Ft. Lauderdale FL Zip Code 33309		
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 		Fernan L. Korr, Esq.		2/12/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SAVAGE, TIM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	10034 W MCNAB RD	NAME			
STREET ADDRESS	TAMARAC, FL 33321	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	STD TORREGROSSA, MICHAEL <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	10034 W MCNAB RD	NAME			
STREET ADDRESS	TAMARAC, FL 33321	STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	VD FRANTZ, DARLENE <input type="checkbox"/> Delete	TITLE	TREASURER <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	D FRANTZ, DARLENE <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	10034 W MCNAB RD.	NAME	FRANTZ, DARLENE		
STREET ADDRESS	TAMARAC, FL 33321	STREET ADDRESS	10034 W MCNAB RD		
CITY-ST-ZIP		CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE	D WILLIAMS, CLIFRIN <input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	10034 W MCNAB ROAD	NAME	ZENCHUS, ZAYRA		
STREET ADDRESS	TAMARAC, FL 33321	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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Darlene Frantz		DARLENE FRANTZ		3/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	