




**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90024 022 \*\*\*\*61.25

**DOCUMENT # 757576**

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



Principal Place of Business      Mailing Address  
**C/O CONSOLIDATED COMMUNITY MANAGEMENT**      **C/O CONSOLIDATED COMMUNITY MANAGEMENT**  
**10031 W MCBAN RD**      **10031 W MCBAN RD**  
**TAMARAC, FL 33321 US**      **TAMARAC, FL 33321 US**

40059103



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

03172008    Chg-NP      CR2E037 (12/06)

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**

**KATZMAN & KORR**  
**1501 NW 49TH ST SUITE 202**  
**FORT LAUDERDALE, FL 33309**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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 **P**       Delete  
NAME **FRANTZ, DARLENE**  
STREET ADDRESS **10034 W MCNAB RD**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE       Change     Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S**       Delete  
NAME **LENCHOS, ZAYRA**  
STREET ADDRESS **10034 W MCNAB RD**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE       Change     Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**       Delete  
NAME **SWINDELL, JILL**  
STREET ADDRESS **10034 W MCNAB RD**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE       Change     Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**       Delete  
NAME **FRANTZ, DARLENE**  
STREET ADDRESS **10034 W MCNAB RD.**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE       Change     Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**       Delete  
NAME **WILLIAMS, CLIFRIN**  
STREET ADDRESS **10034 W MCNAB ROAD**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE       Change     Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change     Addition  
NAME  
STREET ADDRESS  
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: Laura Murphy-Lestade      Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR