

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757576

FILED
Apr 22, 2009
Secretary of State

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:

A & M PARTNERS, INC.
3595 NORTH HIATUS ROAD #202
SUNRISE, FL 33351 US

Current Mailing Address:

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

New Mailing Address:

A & M PARTNERS, INC.
3495 NORTH HIATUS ROAD #202
SUNRISE, FL 33351 US

FEI Number: 59-2135272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

A & M PARTNERS, INC.
3495 NORTH HIATUS ROAD
SUITE 202
SUNRISE, FL 33351 US

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: A & M PARTNERS, INC.

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRANTZ, DARLENE
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRANTZ, DARLENE
Address: 3495 NORTH HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: VP () Change (X) Addition
Name: MYK, ANGELA
Address: 3495 NORTH HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: T () Change (X) Addition
Name: MATTHEWS, CONNIE
Address: 3495 NORTH HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

Title: S () Change (X) Addition
Name: MURPHY, LAURA
Address: 3495 NORTH HIATUS ROAD
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DARLENE FRANTZ

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date