

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0102421

FILED

03 MAY -1 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: City & State  
Zip: Country

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  
**CONSOLIDATED COMMUNITY MANAGEMENT  
10034 W MCNAB ROAD  
TAMARAC FL 33321**

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

**FILE NOW: FEE IS \$61.25**

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	
TITLE <b>SD</b> NAME <b>WETZEL, RODNEY</b> STREET ADDRESS <b>4547 N.W. 90TH AVENUE</b> CITY-ST-ZIP <b>SUNRISE FL 33351</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>TD</b> NAME <b>SATTER, VALERIE</b> STREET ADDRESS <b>4563 N.W. 90TH AVENUE</b> CITY-ST-ZIP <b>SUNRISE FL 33351</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>PD</b> NAME <b>CAMPBELL, SHARON</b> STREET ADDRESS <b>9032 NW 45TH COURT</b> CITY-ST-ZIP <b>SUNRISE FL 33351</b>	<input checked="" type="checkbox"/> Delete
TITLE <b>VPD</b> NAME <b>SWINDELL, JILL</b> STREET ADDRESS <b>9030 NW 45TH COURT</b> CITY-ST-ZIP <b>SUNRISE FL 33351</b>	<input type="checkbox"/> Delete
TITLE <b>SD</b> NAME <b>WASHINGTON, DEBRA L</b> STREET ADDRESS <b>4543 N.W. 90TH AVENUE</b> CITY-ST-ZIP <b>SUNRISE FL 33351</b>	<input checked="" type="checkbox"/> Delete
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>TD</b> NAME <b>CAPTAIN, CAROL</b> STREET ADDRESS <b>10034 W MCBAN RD</b> CITY-ST-ZIP <b>TAMARAC FL 33321</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SO</b> NAME <b>GIGLIO, MARILYNNE</b> STREET ADDRESS <b>10034 W MCBAN RD</b> CITY-ST-ZIP <b>TAMARAC FL 33321</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>PD</b> NAME <b>MUK, ANGELA</b> STREET ADDRESS <b>4547 NW 90th Ave</b> CITY-ST-ZIP <b>SUNRISE FL 33351</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SD</b> NAME <b>TORREGROSSA, MICHAEL</b> STREET ADDRESS <b>4547 NW 90th Ave</b> CITY-ST-ZIP <b>SUNRISE FL 33351</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lists empowered.

SIGNATURE: Carol Captain 4/29/03 954-296-7398

CR2E03 (10/02)