


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 24, 2007 8:00 am
Secretary of State

04-02-2007 90062 047 ****61.25

DOCUMENT # N06000009758					
1. Entity Name SHORES AT LAKE SEARS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1925 EAST EDGEWOOD DRIVE SUITE 100 LAKELAND, FL 33803			Mailing Address 1925 EAST EDGEWOOD DRIVE SUITE 100 LAKELAND, FL 33803		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3361 W. Vine St			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 208			
City & State		City & State Kissimmee FL		4. FEI Number 26-0169872	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34741		Country U.S.			
6. Name and Address of Current Registered Agent LADERER, EDWARD H JR 1925 EAST EDGEWOOD DRIVE SUITE 100 LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name Florida Association Management, Inc. Street Address (P.O. Box Number is Not Acceptable) c/o Dollie Boyd 3361 W. Vine St. Ste. 208 City Kissimmee FL Zip Code 34741		
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 <i>Dollie Boyd</i> Signature, typed or printed name of registered agent and fee applicable.		DOLEAM Dollie Boyd (NOTE: Registered Agent signature required when re-registering)		DATE 1/19/07	
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LADERER, EDWARD H JR	NAME			
STREET ADDRESS	1925 EAST EDGEWOOD DRIVE SUITE 100	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASTERS, GREGORY A	NAME			
STREET ADDRESS	1925 EAST EDGEWOOD DRIVE SUITE 100	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIM, SANGHEE	NAME			
STREET ADDRESS	1925 EAST EDGEWOOD DRIVE SUITE 100	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
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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: <i>[Signature]</i>		DATE: 1/29/07		DAYTIME PHONE: 407-483-1301	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					