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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15866** (9)
1. Corporation Name
LAKESHORE NORTH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business % MICHAEL AMBACH 8150 S. FEDERAL HWY. HYPOLUXO FL 33462	Mailing Address % MICHAEL AMBACH 8150 S. FEDERAL HWY. HYPOLUXO FL 33462-6044
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3. Date Incorporated or Qualified 07/14/1986	3a. Date of Last Report 03/04/1996
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2. Principal Place of Business 21 41 S. LAKESHORE DR Suite, Apt. #, etc.	2a. Mailing Address 26 41 S. LAKESHORE DR Suite, Apt. #, etc.
22 City & State 23 HYPOLUXO FL	27 City & State 28 HYPOLUXO FL
24 Zip 33462 Country Palmbch	29 Zip 33462 Country Palmbch

4. FEI Number 65-0394916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AMBACH, MICHAEL
8150 S. FEDERAL HWY.
HYPOLUXO FL 33462

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
41 S. LAKESHORE DR
63
64 City **HYPOLUXO** FL 65 Zip Code **33462**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AMBACH, MICHAEL	
STREET ADDRESS	8150 S. FEDERAL HWY.	
CITY-ST-ZIP	HYPOLUXO FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	AMBACH, JACK	
STREET ADDRESS	8150 S. FEDERAL HWY.	
CITY-ST-ZIP	HYPOLUXO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, GENE	
STREET ADDRESS	8150 S. FEDERAL HWY.	
CITY-ST-ZIP	HYPOLUXO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES LADD	
1.3 STREET ADDRESS	80 N. LAKESHORE DR	
1.4 CITY-ST-ZIP	HYPOLUXO FL 33462	
2.1 TITLE	VIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN KELLY, JR	
2.3 STREET ADDRESS	171 N LAKESHORE DR	
2.4 CITY-ST-ZIP	HYPOLUXO FL 33462	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELLY BROSS	
3.3 STREET ADDRESS	169 N. LAKESHORE DR	
3.4 CITY-ST-ZIP	HYPOLUXO FL 33462	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RON CUNEO	
4.3 STREET ADDRESS	227 N. LAKESHORE DR	
4.4 CITY-ST-ZIP	HYPOLUXO FL 33462	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JEAN-PIERRE CARPENTIER	
5.3 STREET ADDRESS	143 N. LAKESHORE DR	
5.4 CITY-ST-ZIP	HYPOLUXO FL 33462	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LIONEL MOUTBOMERY	
6.3 STREET ADDRESS	35 S. LAKESHORE DR	
6.4 CITY-ST-ZIP	HYPOLUXO FL 33462	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: _____ DATE: **4/30/97** (501) 582-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN KELLY JR TREASURER** Daytime Phone # **0043713**

CR2E037 (9/96)



13- ADDITIONS TO OFFICERS/DIRECTORS IN #12

D	ADDITION
STANLEY SOFFER 231 N. LAKESHORE DR. HYPOLUXO FL 33462	