FILED FILE NOW: FILING FEE IS \$61.25 NONPROFIT Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # N15866 (9)LAKESHORE NORTH HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 41 S LAKESHORE DR 8150 S. FEDERAL HWY. 41 S LAKESHORE DR 3. Date incorporated or Qualified HYPOLUXO FL 33462 07/14/1986 HYPOLUXO FL 33462 4. FEI Number Applied For 65-0394916 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired Fee Required 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes 🔲 ☐ No Country Zip Country Zip 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JAMES LADD Street Address (P.O. Box Number is Not Acceptable) AMBACH, MICHAEL 82 41 S LAKESHORE DR 83 HYPOLUXO FL 33462 Zip Code عمالين 3 HYPOZUXO 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

JAMES E. LADD, PRESIDENT

48
98 ne of registered agent and title If applicab 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change NAME LADD, JAMES 1.2 NAME **80 N LAKESHORE DR** 1.3 STREET ADDRESS STREET ADDRESS HYPOLUXO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Director Change Addition 2.1 TITLE TITLE vī Stanley Soffer KELLY, JOHN JR NAME 2.2 NAME 171 N LAKESHORE DR 231 N. Lakeshore Dr. 2.3 STREET ADDRESS STREET ADDRESS HYPOLUXO FL Hypoluxo, FL CITY-ST-ZIP 2.4 City-St-ZiP TITLE DELETE 3.1 TITLE Change Addition NAME BROSS, ELLY 3.2 NAME 169 N LAKESHORE DR 3.3 STREET ADDRESS STREET ADDRESS HYPOLUXO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME **CUNEO, RON** 4. 2 NAME 227 N LAKESHORE DR 4.3 STREET ADDRESS STREET ADDRESS HYPOLUXO FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Treasurer Carpentier, Jean-Pierre + Change Addition TITLE CARPENTIER, JEAN-PIERRE NAME 5.2 NAME 143 N. Lakeshore Dr. 143 N LAKESHORE DR 5.3 STREET ADDRESS STREET ADDRESS HYPOLUXO FL Hypoluxo, FL 33462 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE X Change Secretary

14. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address. 4-2-99

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

35 S. Lakeshore Dr.

33462

Hypoluxo, FL

MONTGOMERY, LIONEL

35 S LAKESHORE DR

HYPOLUXO FL

NAME

STREET ADDRESS

City-St-ZIP