

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15866

1. Entity Name

LAKESHORE NORTH HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90039 014 ****61.25

Principal Place of Business 41 S LAKESHORE DR 0150 S. FEDERAL HWY. HYPOLUXO FL 33462 US	Mailing Address 41 S LAKESHORE DR HYPOLUXO FL 33462-6074 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 41 S LAKESHORE DR Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip 33462-6074	Country PALM BCH

4. FEI Number 65-0394916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES LADD
 80 N LAKESHORE DR
 HYPOLUXO FL 33462

7. Name and Address of New Registered Agent

Name: Kenneth Sitzmann
 Street Address (P.O. Box Number is Not Acceptable): 41 S. Lakeshore Drive
 City: Hypoluxo, FL Zip Code: 33462

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.

SIGNATURE: *Kenneth Sitzmann* Kenneth Sitzmann, President
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LADD, JAMES 80 N LAKESHORE DR HYPOLUXO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINEHIMER, SHARON 94 N LAKESHORE DR HYPOLUXO FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNEO, RON 227 N LAKESHORE DR HYPOLUXO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARPENTIER, JEAN-PIERRE 143 N LAKESHORE DR HYPOLUXO FL 33462 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SITZMANN, KENNETH 20 S LAKESHORE DR HYPOLUXO FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rinehimer, Sharon 94 N. Lakeshore Dr. Hypoluxo, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morrison, Donald 221 N. Lakeshore Dr. Hypoluxo, FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Elmore, Debra 96 N. Lakeshore Dr. Hypoluxo, FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sitzmann, Kenneth 20 S. Lakeshore Drive Hypoluxo, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Healy, Edward 217 N. Lakeshore Drive Hypoluxo, FL 33462 <input type="checkbox"/> Change <input checked="" 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)(l), 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: *Kenneth Sitzmann* Kenneth Sitzmann, President (561) 582-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)