

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15866

1. Entity Name

LAKE SHORE NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

41 S LAKESHORE DR
8150 S. FEDERAL HWY.
HYPOLUXO FL 33462
US

Mailing Address

41 S LAKESHORE DR
HYPOLUXO FL 33462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0394916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SITZMANN, KENNETH
41 S. LAKESHORE DR
HYPOLUXO FL 33462

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SITZMANN, KENNETH 20S. LAKESHORE DR. HYPOLUXO FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINEHIMER, SHARON 94 N LAKESHORE DR HYPOLUXO FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, DONALD 221N. LAKESHORE DR HYPOLUXO FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARPENTIER, JEAN-PIERRE 143 N LAKESHORE DR HYPOLUXO FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALY, EDWARD 217N. LAKESHORE DR HYPOLUXO FL 33462	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH SITZMANN - PRES.

3-9-01

(561) 582-6333

Date

Daytime Phone #

929429



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)