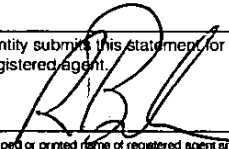


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90309 003 ****61.25

DOCUMENT # N15866 1. Entity Name LAKESHORE NORTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 41 S LAKESHORE DR HYPOLUXO, FL 33462 US			Mailing Address 41 S LAKESHORE DR HYPOLUXO, FL 33462 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0394916	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SITZMANN, KENNETH 41 S. LAKESHORE DR HYPOLUXO, FL 33462			7. Name and Address of New Registered Agent Name BERLUCCHI, ROBERT Street Address 39 S. LAKESHORE DR City HYPOLUXO FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  ROBERT BERLUCCHI 4-21-05 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P SITZMANN, KENNETH 20S. LAKESHORE DR. HYPOLUXO, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AL LEONARD 54 N. LAKESHORE DR. HYPOLUXO FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROSS, ELLY 169 N LAKESHORE SHORE HYPOLUXO, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERLUCCHI, ROBERT 39 S LAKESHORE DR HYPOLUXO, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCINTOSH, JOHN 121 N. LAKESHORE DR HYPOLUXO, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPINELLA, MARJORIE 51 N. LAKESHORE DR LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  ROBERT BERLUCCHI 4/21/05 582-6333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50043848



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