2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90309 003 ****61.25

50043848

DOCUMENT # N15866

1. Entity Name
LAKESHORE NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
41 S LAKESHORE DR HYPOLUXO, FL 33462 US	41 S LAKESHORE DR HYPOLUXO, FL 33462 US

03142005 Chg-NP CR2E037 (10/03)

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

SITZMANN, KENNETH
41 S. LAKESHORE DR
HYPOLUXO, FL 33462

7. Name and Address of New Registered Agent

Name BERLUCCHI, ROBERT
Street Address (P.O. Box Number is Not Acceptable) 39 S. LAKESHORE DR
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RBL ROBERT BERLUCCHI 4-21-05
Signature, typed or printed name of registered agent and title 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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AL LEONARD 54 N. LAKESHORE DR. HYPOLUXO FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BROSS, ELLY 169 N LAKESHORE SHORE HYPOLUXO, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BERLUCCHI, ROBERT 39 S LAKESHORE DR HYPOLUXO, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCINTOSH, JOHN 121 N. LAKESHORE DR HYPOLUXO, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPINELLA, MARJORIE 51 N. LAKESHORE DR LAKE WORTH, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: RBL ROBERT BERLUCCHI 4/21/05 (561) 582-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #