2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N15866



FILED Apr 23, 2007 8:00 am Secretary of State

LAKESHORE NORTH HOMEOWNERS ASSOCIATION, INC.					04-23-2007 90268 034 ****61.25			
Principal Plac 41 S LAKESI HYPOLUXO,		Mailing Address 41 S LAKESHORE DR HYPOLUXO, FL 33462	us	300		P-1011 - 61011 - 61011 - 61011 - 61011 - 61011 - 61011 - 61011 - 61011 - 61011 - 61011 - 61011 - 61011 - 61011	14P1 #1 (SP)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292007 _{CI}	ng-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 65-039491	4. FEI Number 65-0394916			
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Re	egistered Agent		
			Name	· · · · · · · · · · · · · · · · · · ·				
BERLUCCHI, ROBERT 39 SOUTH LAKESHORE DR. HYPOLUXO, FL 33462			Street Addre	ess (P.O. Box Number is I	Not Acceptable)		
			City			FL Zip Code	9	
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or reg	gistered agent, or both, in	the State of Flo	1	and accept	
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SIGNATURE .	Signature, typed or printed name of registered agen	t and tritle if applicable. (NOTE	: Registered Agent signature re	equired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2007		npaign Financing	\$5.00 May Be		DATE ake check payable to da Department of St		
,	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of Si	ate	
. 10.	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Carr Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of St RS AND DIRECTORS IN	ate	
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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 eath; 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 BIGNING OFFICER OR DIRECTOR