2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15866

FILED Jan 25, 2008 Secretary of State

Entity Name: LAKESHORE NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

41 S LAKESHORE DR HYPOLUXO, FL 33462 US

Current Mailing Address: New Mailing Address:

41 S LAKESHORE DR C/O LINDA SNYDER

HYPOLUXO, FL 33462 US 139 NORTH LAKESHORE DRIVE HYPOLUXO, FL 33462

FEI Number: 65-0394916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERLUCCHI, ROBERT BACKER LAW FIRM, PA 400 SOUTH DIXIE HÍGHWAY, SUITE 420 39 SOUTH LAKESHORE DR.

HYPOLUXO, FL 33462 BOCA RATON, FL 33432

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: KFB 01/25/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

HYPOLUXO, FL 33462

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

HYPOLUXO, FL 33462 US

(X) Change () Addition () Delete LEONARD, AL ROWMAN, STEVE Name: Name:

34 N LAKESHORE DR. Address: 213 N LAKESHORE DR Address: City-St-Zip: HYPOLUXO, FL 33462 City-St-Zip: HYPOLUXO, FL 33462 US

(X) Change () Addition Title: Title: () Delete

BROSS, ELLY Name: SNYDER, LINDA Name: Address: Address:

169 N LAKESHORE SHORE 139 N LAKESHORE SHORE City-St-Zip: HYPOLUXO, FL 33462 City-St-Zip: HYPOLUXO, FL 33462 US

Title: () Delete Title: (X) Change () Addition

WEBB, GARY MELLING, MARILYN Name: Name: 112 N LAKESNORE DR 117 N LAKESNORE DR Address: Address: City-St-Zip: HYPOLUXO, FL 33462 City-St-Zip: HYPOLUXO, FL 33462 US

Title: () Delete Title: (X) Change () Addition

Name: ROWMAN, STEVE Name: BROSS, ELLY 169 N. LAKESHORE DR Address: 913 N. LAKESHORE DR Address:

Title: () Delete Title: () Change (X) Addition

WEBB, GARY Name: Name:

112 N LAKESHORE DR Address: Address: City-St-Zip: City-St-Zip: HYPOLUXO, FL 33462 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KEITH F. BACKER, ESQ RΑ 01/25/2008