# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2009**
**Secretary of State**

DOCUMENT# N15866

**Entity Name:** LAKESHORE NORTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

41 S LAKESHORE DR
HYPOLUXO, FL 33462 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LINDA SNYDER
139 NORTH LAKESHORE DRIVE
HYPOLUXO, FL 33462 US

**New Mailing Address:**

41 S LAKESHORE DRIVE
HYPOLUXO, FL 33462 US

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

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

BACKER LAW FIRM, PA
400 SOUTH DIXIE HIGHWAY, SUITE 420
BOCA RATON, FL 33432 US

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

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ROWMAN, STEVE
Address: 213 N LAKESHORE DR
City-St-Zip: HYPOLUXO, FL 33462 US

Title: VP ( ) Delete
Name: SNYDER, LINDA
Address: 139 N LAKESHORE SHORE
City-St-Zip: HYPOLUXO, FL 33462 US

Title: S ( ) Delete
Name: MELLING, MARILYN
Address: 117 N LAKESNORE DR
City-St-Zip: HYPOLUXO, FL 33462 US

Title: T ( ) Delete
Name: BROSS, ELLY
Address: 169 N. LAKESHORE DR
City-St-Zip: HYPOLUXO, FL 33462 US

Title: D (X) Delete
Name: WEBB, GARY
Address: 112 N LAKESHORE DR
City-St-Zip: HYPOLUXO, FL 33462 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: CAPLAN, LISA
Address: 149 N LAKESNORE DR
City-St-Zip: HYPOLUXO, FL 33462 US

Title: T (X) Change ( ) Addition
Name: GABBARD, DAYVE
Address: 209 N. LAKESHORE DR
City-St-Zip: HYPOLUXO, FL 33462 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LINDA SNYDER VP 04/18/2009

Electronic Signature of Signing Officer or Director — Date