2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43753

1. Entity Name

LAKESHORE GARDENS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

508-A CAPITAL CR., SE TALLAHASSEE FL 32301 508-A CAPITAL CR., SE TALLAHASSEE FL 32301-3416

FILED Mar 17, 2000 8:00 am Secretary of State

03-17-2000 90020 013 ****61.25

CONTRACTO

STREET ADDRESS CITY-ST-ZIP TITLE DO'REILLY, JOHN O'REILLY, JOHN NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE O'REILLY O'REILLY, JOHN O'REILL					! I 18 0(45) 6			-	AAN BIAN IAAN	
City & State Country Country Country S. Certificate of Status Desired Set Required As Required Set Required Set Required Set Required Set Required As Name and Address of Currant Registered Agent Name TURNER, DOUGLAS E. 509A CAPITAL CR. SE TALLAHASSEE FI. 32301 City FL City FL City FL Zip Code City City City FL Zip Code City	2. Principal Place of Business		3. Mailing Address							
Sp. 3194861 Sp. 25 Apticable	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	1 THIS SF	PACE		
Signature September Septem	City & State		City & State		4. FE! Number	4. FEI Number 59-3194681				7
Signature TURNER, DOUGLAS E, Soph A CAPITAL CR., SE TALLAHASSEE FL TURNER, DOUGLAS E, SOPH A CAPITAL CR., SE TALLAHASSEE FL TURNER, DOUGLAS E, SOPH A CAPITAL CR., SE TALLAHASSEE FL TURNER, DOUGLAS E, SOPH A CAPITAL CR., SE TALLAHASSEE FL TURNER, DOUGLAS E, SOPH A CAPITAL CR., SE TALLAHASSEE FL TURNER, DOUGLAS E, SOPH A CAPITAL CR., SE TALLAHASSEE FL TURNER, DOUGLAS E, SOPH A CAPITAL CR., SE STREET ADDRESS OFF STEET	Zip Country		Zip	Country			\$			┨
TURNER, DOUGLAS E. 509-A CAPITAL CR., SE TALLAHASSEE FI. 32301 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. SIGNATURE Symptom (poor or protect name of registered agent and tiles of applicable.			<u></u>	<u> </u>		5. Certificate of Status Desired Fee Required				
TURNER, DOUGLAS E. 508-A CAPITAL CR., SE TALLAHASSEE FI. 32301 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 Fords SIGNATURE Signature, hyper or infraor name or registered agent and that applicable. MOTE Registered Agent or greature required elegant and that applicable. MOTE Registered Agent or greature required elegant and that applicable. MOTE Registered Agent or greature required elegant and that applicable. MOTE Registered Agent or greature required elegant and that applicable. MOTE Registered Agent or greature required elegant and that applicable. MOTE Registered Agent or greature required elegant and that applicable.		6. Name and Address of Curren	t Registered Agent	Name	7. Name and /	Address of New Regis	tered Ag	jent		-
SUGNATURE 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. SIGNATURE SIGNATURE				<u> </u>						
Addition TALLAHASSEE FL 32301 City				Street Ac	Street Address (P.U. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing lis registered office or registered agent, or both, in the state of Florida. Signature Signa										
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 Signature legal or prison name of registered agent agent are excluded when reinstating)	TALLAHAS	SEE FL 32301		City			FL	Zip Co	de	1
SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campalgr Financing Trust Fund Contribution. Addition MAKE STREET ADDRESS CITY-ST-ZP TALLAHASSEE FL Delete TALLAHASSEE	8. The above	named entity submits this statement t	for the purpose of changing its	registered office or	registered agent, or both	in the state of Florida		<u> </u>		1
Signature, typed or printer name of registered agent and site of applicable. NATE	W. Mic above	Trained Office Section of the State of the S	or the purpose of ortaliging no	, rogiotares emee e.	logista od ugom, or som	, mr mo diato o mondo				
Signature, typed or printer name of legislational agreet and title of applicable. MAPE Pagintaleria Againt signature reformed when reimstating) S\$5.00 May Be Added to Fees Make Check Payable to Department of State										
Trust Fund Contribution	SIGNATURE,	Signature, typed or printed name of registered agen	st and title if applicable. (NOT	E: Registered Agent signatur	re required when reinstating)		DATE			
Trust Fund Contribution										┨
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TURNER, DOUGLAS E. STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE ONESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TALLAHASSEE FL TALLAHAS	FILE NOW:		9. Election Campaign Financing\$5.6		\$5.00 May Be					
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D OCHANGE STREET ADDRESS CITY-ST-ZIP TITLE D SMTH, LINDA H. SOB-A CAPITAL CR., SE TALLAHASSEE FL TITLE D SMTH, LINDA H. SOB-A CAPITAL CR., SE TALLAHASSEE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHANGE NAME CHANGE CHANGE Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHANGE Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHANGE CHANGE Addition Addi		FEE IS \$61.25	Trust Fund Contrib	eution. \square	Added to Fees	Depar	tment c	f State		
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D OCHANGE STREET ADDRESS CITY-ST-ZIP TITLE D SMTH, LINDA H. SOB-A CAPITAL CR., SE TALLAHASSEE FL TITLE D SMTH, LINDA H. SOB-A CAPITAL CR., SE TALLAHASSEE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHANGE NAME CHANGE CHANGE Addition Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHANGE Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CHANGE CHANGE Addition Addi	10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS A	AND DIRE	CTORS	N 10	1
STREET ADDRESS CITY-ST-ZIP TITLE DO'REILLY, JOHN O'REILLY, JOHN NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE O'REILLY O'REILLY, JOHN O'REILL										00/0
TALLAHASSEE FL	NAME			NAME						
TITLE NAME O'REILLY, JOHN STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME										CBOE037
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM				- -				T Change		18
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM		_	☐ Delete				l	Unange	L) Addition	
TITLE D										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE		☐ Delete	TITLE				Change	Addition	
CITY-ST-ZIP			- ~ -		•					
TITLE										-
NAME STREET ADDRESS		INLLATIAGGEE FL	☐ Delate	4				Change	☐ Addition	1
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE NAME NAME NAME Addition	. 1		□ Dolete				•		_	{
TITLE	_									i
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME	CITY-ST-ZIP			CITY-ST-ZIP						-
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME			☐ Delete	1 1] Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME NAME NAME Addition										1
NAME NAME										
·	TITLE		☐ De/ete	TITLE			[Change	Addition	7
CARCAT ADDRESS CARCAT ADDRESS										
	STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP CITY-S			de alexandre de la companya de la co		dia B. Min 440 07/0/0	Flacial Oscilla 17	۰. د د د د هاه	4 2 2 2 2 2 2 2 2 2	lafaum +4	┧

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:

3-15-00

850-656-4663