

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90054 034 \*\*\*\*61.25

**DOCUMENT # N43753**  
 1. Entity Name  
**LAKESHORE GARDENS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 508-A CAPITAL CR., SE      508-A CAPITAL CR., SE  
 TALLAHASSEE FL 32301      TALLAHASSEE FL 32301

2. Principal Place of Business      3. Mailing Address  
**276 HEMLEY LOOP**      **276 HEMLEY LOOP**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**TALLAHASSEE, FL**      **TALLAHASSEE, FL**  
 Zip      Country      Zip      Country  
**32312**      **U.S.A.**      **32312**      **U.S.A.**

4. FEI Number      Applied For  
**59-3194681**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**TURNER, DOUGLAS E.**  
**508-A CAPITAL CR., SE**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name **TOYE FLAHERTY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**276 HEMLEY LOOP**  
 City **TALLAHASSEE**      FL      Zip Code **32312**

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 *Kristen E. Snyder*      **TREASURER**      **04.30.01**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TURNER, DOUGLAS E.</b> <b>508-A CAPITAL CR., SE</b> <b>TALLAHASSEE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'REILLY, JOHN</b> <b>508-A CAPITAL CIRCLE SE</b> <b>TALLAHASSEE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, LUNDA H.</b> <b>508-A CAPITAL CR., SE</b> <b>TALLAHASSEE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>TOYE FLAHERTY</b> <b>276 HEMLEY LOOP</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>DAVID CROSBY</b> <b>182 IVERNIA LOOP</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>KRISTEN SNYDER</b> <b>3271 JOHN HANCOCK DR.</b> <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kristen E. Snyder*      **KRISTEN E. SNYDER**      **04.30.01**      **(904) 385-4596**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (10/00)