2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N43753

FILED Aug 04, 2002 Secretary of State

Entity Name: LAKESHORE GARDENS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 276 HEMLEY LOOP 431 WAVERLY ROAD TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 **Current Mailing Address: New Mailing Address:** 431 WAVERLY ROAD 276 HEMLEY LOOP TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 FEI Number: 59-3194681 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: FLAHERTY, TOYE ISAACS, DAN 276 HEMLEY LOOP 431 WAVERLY ROAD TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32312 US 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: DAN LEE ISAACS 08/04/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FLAHERTY, TOYE SNYDER, KRISTEN Name: Name: 276 HEMLEY LOOP Address: 3271 JOHN HANCOCK DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: (X) Change () Addition CROSBY, DAVID CROSBY, DAVID Name: Name: Address: 182 IVERNIA LOOP Address: 182 IVERNIA LOOP City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: (X) Change () Addition SNYDER, KRISTEN Name: SCHIRO, DEBRA Name: 3271 JOHN HANCOCK DR 134 IVERNIA LOOP Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: () Change (X) Addition WILKERSON, BERT Name: Name: 140 IVERNIA LOOP Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: () Change (X) Addition BOWMAN, SHEILA Name: Name: 153 IVERNIA LOOP Address: Address: TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRISTEN SNYDER PD 08/04/2002