

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43753

FILED
Apr 30, 2006
Secretary of State

Entity Name: LAKESHORE GARDENS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3194681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 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: PD () Delete
Name: SNYDER, KRISTEN
Address: 3271 JOHN HANCOCK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: TORRES, WILLIAM
Address: 329 DREADNAUGHT
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: ROE, GLORIA
Address: 3255 JOHN HANCOCK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MYERS, SEAN
Address: 3255 JOHN HANCOCK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: TORRES, WILLIAM
Address: 329 DREADNAUGHT
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD (X) Change () Addition
Name: ROE, GLORIA
Address: 3255 JOHN HANCOCK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: PT () Change (X) Addition
Name: CATALANO, ROSANNA
Address: 180 IVERNIA LOOP
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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: KRISTIN SNYDER

P

04/30/2006

Electronic Signature of Signing Officer or Director

Date