

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759569

1. Corporation Name

LAKESHORE COLONY MASTER ASSOCIATION, INC.

Principal Place of Business

41 S LAKESHORE DR
HYPOLUXO FL 33462
US

Mailing Address

41 S LAKESHORE DR
HYPOLUXO FL 33462
US

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90038 047 ****61.25

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/11/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2266151	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

MOORE, JOHN W
41 S LAKESHORE DR
HYPOLUXO FL 33462

10. Name and Address of New Registered Agent

81 Name Edward Gusty
82 Street Address (P.O. Box Number is Not Acceptable)
8200 Lakeshore Dr., Apt. 308
83
84 City Hypoluxo, FL 85 Zip Code 33462

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Edward Gusty, President

3-10-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, JOHN		1.2 NAME	Edward Gusty	
STREET ADDRESS	8200 LAKESHORE DR., APT 307		1.3 STREET ADDRESS	8200 Lakeshore Dr. Apt 308	
CITY-ST-ZIP	HYPOLUXO FL		1.4 CITY-ST-ZIP	Hypoluxo, FL 33462	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROSS, ELLY		2.2 NAME	Kenneth Sitzman	
STREET ADDRESS	169 W LAKESHORE DR		2.3 STREET ADDRESS	20 S. Lakeshore Dr.	
CITY-ST-ZIP	HYPOLUXO FL		2.4 CITY-ST-ZIP	Hypoluxo, FL 33462	
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEASE, DAVID		3.2 NAME		
STREET ADDRESS	163 N LAKESHORE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO FL 33462		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNO, CARMINE		4.2 NAME	Peter Makila	
STREET ADDRESS	8200 LAKESHORE DR., #203		4.3 STREET ADDRESS	26 S. Lakeshore Dr.	
CITY-ST-ZIP	HYPOLUXO FL 33462		4.4 CITY-ST-ZIP	Hypoluxo, FL 33462	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNEO, RONALD F		5.2 NAME	Roy Haas	
STREET ADDRESS	227 N LAKESHORE DR		5.3 STREET ADDRESS	8200 Lakeshore Dr. Apt. 101	
CITY-ST-ZIP	HYPOLUXO FL 33462		5.4 CITY-ST-ZIP	Hypoluxo, FL 33462	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE, MARIAN		6.2 NAME		
STREET ADDRESS	3 S LAKESHORE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO FL 33462		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward Gusty, President

3/10/99

(561) 582-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

192410-90038-47
759529

LAKESHORE COLONY MASTER ASSOCIATION, INC.

41 S. Lakeshore Drive

Hypoluxo, FL 33462

(561) 582-6333

FAX (561) 582-6337

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BOX 13 - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN BOX 12

D

Addition

Sharon Rinehimer
94 N. Lakeshore Dr.
Hypoluxo, FL 33462