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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/11/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2266151	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24		25		29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOORE, JOHN W 41 S LAKESHORE DR HYPOLUXO FL 33462				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 Edward Gusty, President DATE 3-10-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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)

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759529

**LAKESHORE COLONY MASTER ASSOCIATION, INC.**  
**41 S. Lakeshore Drive**  
**Hypoluxo, FL 33462**  
**(561) 582-6333**  
**FAX (561) 582-6337**

NONPROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #749469

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

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

Addition