


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90181 025 ****61.25

DOCUMENT # 759569 1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2266151		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
GUSTY, EDWARD J 8200 LAKESHORE DR APT 308 HYPOLUXO, FL 33462		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition	
NAME	GUSTY, EDWARD J		NAME		
STREET ADDRESS	8200 LAKESHORE DR APT 308		STREET ADDRESS		
CITY - ST - ZIP	HYPOLUXO, FL 33462		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELMORE, DEBRA		NAME		
STREET ADDRESS	96 N LAKESHORE DR		STREET ADDRESS		
CITY - ST - ZIP	HYPOLUXO, FL 33462		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAKILA, PETER J		NAME		
STREET ADDRESS	26 S LAKESHORE DR		STREET ADDRESS		
CITY - ST - ZIP	HYPOLUXO, FL 33462		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBB, GARY		NAME		
STREET ADDRESS	112 N LAKESHORE DR		STREET ADDRESS		
CITY - ST - ZIP	LAKE WORTH, FL 33462		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BERLUCCHI, ROBERT		NAME	JOHN MCINTOSH	
STREET ADDRESS	39 S LAKESHORE DR		STREET ADDRESS	121 N. LAKESHORE DR	
CITY - ST - ZIP	HYPOLUXO, FL 33462		CITY - ST - ZIP	HYPOLUXO FL 33462	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAYNE, MARIAN		NAME		
STREET ADDRESS	3 S LAKESHORE DR		STREET ADDRESS		
CITY - ST - ZIP	HYPOLUXO, FL 33462		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/9/2007 561-582-6333 <small>Date Daytime Phone #</small>		