
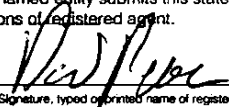
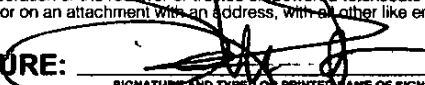


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90378 013 \*\*\*\*61.25

<b>DOCUMENT # 759569</b> 1. Entity Name <b>LAKE SHORE COLONY MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>41 S LAKESHORE DR</b> <b>HYPOLUXO, FL 33462 US</b>			Mailing Address <b>41 S LAKESHORE DR</b> <b>HYPOLUXO, FL 33462 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
4. FEI Number <b>59-2266151</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GUSTY, EDWARD J</b> <b>8200 LAKESHORE DR</b> <b>APT 308</b> <b>HYPOLUXO, FL 33462</b>			7. Name and Address of New Registered Agent  Name <b>DAVID PEASE</b> Street Address (P.O. Box Number is Not Acceptable) <b>163 N. LAKESHORE DR</b>  City <b>HYPOLUXO</b> <b>FL</b> Zip Code <b>334</b>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>DAVID PEASE</b>  <b>TREASURER</b> </div> <div style="width: 30%; text-align: right;"> <b>APR 24, 08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTY, EDWARD J 8200 LAKESHORE DR APT 308 HYPOLUXO, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELMORE, DEBRA 96 N. LAKESHORE DR HYPOLUXO FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELMORE, DEBRA 96 N LAKESHORE DR HYPOLUXO, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKILA, PETER 26 S LAKESHORE DR HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBB, GARY 112 N LAKESHORE DR LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEASE, DAVID 163 N. LAKESHORE DR. HYPOLUXO FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, JOHN 121 N LAKESHORE DR HYPOLUXO, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEASE, DAVID 163 N. LAKESHORE DR. HYPOLUXO FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAYNE, MARIAN 3 S LAKESHORE DR HYPOLUXO, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEASE, DAVID 163 N. LAKESHORE DR. HYPOLUXO FL 33462	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			4/24/08 315886058 <small>Date Daytime Phone #</small>		