

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759569

FILED
Apr 09, 2009
Secretary of State

Entity Name: LAKESHORE COLONY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

41 S LAKESHORE DR
HYPOLUXO, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

41 S LAKESHORE DR
HYPOLUXO, FL 33462 US

New Mailing Address:

FEI Number: 59-2266151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEASE, DAVID
163 N LAKESHORE DR
HYPOLUXO, FL 33462 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: D () Delete
Name: GUSTY, EDWARD J
Address: 8200 LAKESHORE DR APT 308
City-St-Zip: HYPOLUXO, FL 33462

Title: P () Delete
Name: ELMORE, DEBRA
Address: 96 N LAKESHORE DR
City-St-Zip: HYPOLUKO, FL 33462

Title: D () Delete
Name: MAKILA, PETER J
Address: 26 S LAKESHORE DR
City-St-Zip: HYPOLUXO, FL 33462

Title: D () Delete
Name: MCINTOSH, JOHN
Address: 121 N LAKESHORE DR
City-St-Zip: HYPOLUXO, FL 33462

Title: S () Delete
Name: WAYNE, MARIAN
Address: 3 S LAKESHORE DR
City-St-Zip: HYPOLUXO, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID PEASE

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date