2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733127

FILED Apr 30, 2009 Secretary of State

Entity Name: LAKESHORE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4128 SW 61 AVE **DAVIE, FL 33314** US **Current Mailing Address: New Mailing Address:** 4128 SW 61 AVE DAVIE, FL 33314 US FEI Number: 59-2093763 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DACHMAN, IRVIN W PA NACHMAN, IRVIN W PA 4441 STIRLING RD 4441 STIRLING RD FORT LAUDERDALE, FL 33314 US FORT LAUDERDALE, FL 33314 US 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: IRVIN NACHMAN 04/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BUSH, HELEN K Name: Name: 4128 SW 61 AVE Address: Address: City-St-Zip: **DAVIE, FL 33314** City-St-Zip: Title: Title: () Delete () Change () Addition Name: BUSH, SARAH L Name: Address: 4128 SW 61 AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33314 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIS, SALLY Name: Name: 4118 SW 61ST AVE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33314 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition Name: RAMIREZ, MARIE Name: MOSES, TIMOTHY 6088 SW 41ST STREET Address: 6092 SW 41ST ST Address: City-St-Zip: FORT LAUDERDALE, FL 33314 City-St-Zip: FORT LAUDERDALE, FL 33314 Title: () Delete Title: (X) Change () Addition KNAP-RAMIREZ, BARBARA MOSES, GRACIELA Name: Name: 6090 SW41ST ST 12206 MELISSA WAY Address: Address: FORT LAUDERDALE, FL 33314 City-St-Zip: City-St-Zip: COOPER CITY, FL 33026

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: SARAH BUSH P 04/30/2009