

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733127

**FILED**  
**Jan 31, 2015**  
**Secretary of State**  
**CC6256493805**

**Entity Name:** LAKESHORE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4108 SW 61 AVENUE  
DAVIE, FL 33314

**Current Mailing Address:**

PO BOX 292016  
DAVIE, FL 33329 US

**FEI Number: 59-2093763**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NACHMAN, IRVIN WPA  
4441 STIRLING RD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOSES, GRACIELA J  
Address        PO BOX 290175  
City-State-Zip: DAVIE FL 33329

Title            SECRETARY  
Name            RAMIREZ, MARIE  
Address        6092 SW 41ST STREET  
City-State-Zip: DAVIE FL 33314

Title            TREASURER  
Name            KANNAN, NAGARAJAN  
Address        304 INDIAN TRACE #716  
City-State-Zip: WESTON FL 33325

Title            VP  
Name            WILLIS, SALLY  
Address        4118 SW 61ST AVE  
City-State-Zip: DAVIE FL 33314

*I hereby 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 all other like empowered.*

**SIGNATURE: GRACIELA MOSES**

**PRESIDENT**

**01/31/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date