

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733127

**FILED**  
**Apr 16, 2019**  
**Secretary of State**  
**6064024542CC**

**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:**

TUCKER & LOKEINSKY, P.A.  
800 EAST BROWARD BLVD - STE. 710  
FORT LAUDERDALE, FL 33301 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, TREASURER  
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            DIRECTOR  
Name            CHACKO, MELEPURACKAL V  
Address        5011 BROOKSTONE TERRACE  
City-State-Zip: COOPER CITY FL 33330

Title            VP  
Name            CASSON, JOANNE  
Address        4120 SOUTHWEST 61 AVENUE  
City-State-Zip: DAVIE FL 33314

Title            DIRECTOR  
Name            DEWDNEY, DAVID  
Address        4130 SOUTHWEST 61 AVENUE  
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 J MOSES

**PRESIDENT/TREASURER    04/16/2019**

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

\_\_\_\_\_  
Date