#### 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 759569** 

Entity Name: LAKESHORE COLONY MASTER ASSOCIATION, INC.

## **Current Principal Place of Business:**

41 S LAKESHORE DR HYPOLUXO, FL 33462

# **Current Mailing Address:**

C/O SEACREST SERVICES, INC 2101CENTREPARK W. DR. STE 110 WEST PALM BEACH, FL 33409 US

## FEI Number: 59-2266151

## Name and Address of Current Registered Agent:

GELFAND & ARPE, P. A. 1555 PALM BEACH LAKES BLVD. **SUITE 1220** WEST PALM BEACH, FL 33401 US Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

	Title	PRESIDENT, TREASURER	Title	SECRETARY
	Name	WEBB, GARY	Name	GELLER, GRACE
	Address	112 N LAKESHORE DRIVE	Address	35 S LAKESHORE DRIVE
	City-State-Zip:	HYPOLUXO FL 33462	City-State-Zip:	HYPOLUXO FL 33462
	Title	DIRECTOR	Title	DIRECTOR
	Name	HESSION, JEROME	Name	DERI, GABOR
	Address	1 S. LAKESHORE DRIVE	Address	8200 LAKESHORE DRIVE #506
	City-State-Zip:	HYPOLUXO FL 33462	City-State-Zip:	HYPOLUXO FL 33462
	Title	VP	Title	DIRECTOR
	Name	CHINN, SANDY	Name	BROWN, CHASE
	Address	8200 LAKESHORE DRIVE #404	Address	5 S LAKESHORE DR
	City-State-Zip:	HYPOLUXO FL 33462	City-State-Zip:	HYPOLUXO FL 33462

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.

PRESIDENT

08/14/2023 Date

Electronic Signature of Signing Officer/Director Detail

Date