

2015 FLORIDA NOT FOR PROFIT CORPORATION 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 QUALITY MANAGEMENT GROUP, INC
9045 LA FONTANA BLVD. STE101
BOCA RATON, FL 33434 US

FEI Number: 59-2266151

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GELFAND & ARPE, P. A.
1555 PALM BEACH LAKES BLVD.
SUITE 1220
WEST PALM BCH, FL 33401 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 ELMORE, DEBRA
Address 9045 LA FONTANA BLVD STE 101
City-State-Zip: BOCA RATON FL 33434

Title SECRETARY
Name WAYNE, MARIAN
Address 9045 LA FONTANA BLVD.
STE 101
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name TINGLE, GARY
Address 9045 LA FONTANA BLVD. STE 101
City-State-Zip: BOCA RATON FL 33434

Title VP
Name HAAS, ROY
Address 9045 LA FONTANA BLVD
STE 101
City-State-Zip: BOCA RATON FL 33434

Title TREASURER
Name WEBB, GARY
Address 9045 LA FONTANA BLVD.
STE 101
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR
Name BROWN, CHASE
Address 9045 LA FONTANA BLVD
STE 101
City-State-Zip: BOCA RATON FL 33434

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: MARIAN WAYNE

SECRETARY

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date