

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

DOCUMENT# N43753

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC8614722126**

**Entity Name:** LAKESHORE GARDENS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

PO BOX 11143  
TALLAHASSEE, FL 32302

**FEI Number: 59-3194681**

**Certificate of Status Desired: No**

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

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT  
2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309 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 DVP  
Name SNYDER-COSTA, KRISTEN  
Address PO BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title D  
Name SABO, JOHN  
Address PO BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title DS  
Name BELLAVANCE, ANGELA  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title DT  
Name GRAVES, TIFFANY  
Address PO BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title DP  
Name SCHLAUDRAFF, MARK  
Address PO BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

*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: MARK SCHLAUDRAFF**

**CAM**

**04/14/2015**

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

\_\_\_\_\_  
Date