2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 708887

Entity Name: LAKESHORE LODGE, INC.

Current Principal Place of Business:

298 SE SIXTH AVE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

298 SE SIXTH AVE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 59-1161196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEFFEN, HERBERT
298 SE 6TH AVE #21
POMPANO BCH., FL 330604237 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STEFFEN, HERBERT	
Address:	298 SE 6TH AVE #21	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	VPD	( ) Delete
Name:	DISPAS, NANNETTE	
Address:	298 SE 6TH AVENUE, #10	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	TD	( ) Delete
Name:	STEFFEN, PATRICIA	
Address:	29+8 SE 6TH AVE #21	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	SD	( ) Delete
Name:	BARR, BOB	
Address:	298 SE 6TH AVE 316	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	D	( ) Delete
Name:	LEYMANN, LINDA	
Address:	298 S.E. 6TH AVE STE 5	
City-St-Zip:	POMPANO BEACH, FL 33060	
Title:	D	( ) Delete
Name:	CHOUINARD, NICOLE	
Address:	298 SE 6TH AVENUE, #17	
City-St-Zip:	POMPANO BEACH, FL 33060	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERBERT STEFFEN PRES 02/16/2009
Electronic Signature of Signing Officer or Director — Date