

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 725661**

1. Entity Name  
**LAKESHORE TOWER TWO ASSOCIATION, INC.**



Principal Place of Business  
**121 COUNTRY CLUB DRIVE, A-901  
LAKE PLACID, FL 33852**

Mailing Address  
**121 COUNTRY CLUB DRIVE  
#901  
LAKE PLACID, FL 33852**

**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1839945</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PHILLIPS, ROBERT T  
121 COUNTRY CLUB DR #502  
LAKE PLACID, FL 33852**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert T. Phillips*  
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-08  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008.**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	S
NAME	HALPIN, CLARE
STREET ADDRESS	121 COUNTRY CLUB DR #702
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	KEITH, TERRY
STREET ADDRESS	3260 SE 30TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	TP
NAME	PHILLIPS, ROBERT
STREET ADDRESS	121 COUNTRY CLUB DRIVE #502
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	MELVIN, GARY
STREET ADDRESS	121 COUNTRY CLUB DR #201
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	HOHS, RICHARD
STREET ADDRESS	121 COUNTRY CLUB DR #802
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	HALPIN, PATRICK
STREET ADDRESS	121 COUNTRY CLUB DR. #702
CITY-ST-ZIP	LAKE PLACID, FL 33852

U00000826769  
02/21/08-80062-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert T. Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08  
Date

863-465-9968  
Daytime Phone #