# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 18, 2009**
**Secretary of State**

DOCUMENT# 725661

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

**Current Principal Place of Business:**

121 COUNTRY CLUB DRIVE, A-901
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

121 COUNTRY CLUB DRIVE
#901
LAKE PLACID, FL 33852

**New Mailing Address:**

121 COUNTRY CLUB DRIVE, A-901
LAKE PLACID, FL 33852

**FEI Number: 59-1839945** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

PHILLIPS, ROBERT T
121 COUNTRY CLUB DR #502
LAKE PLACID, FL 33852 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: | S | ( ) Delete |
| Name: | HALPIN, CLARE | |
| Address: | 121 COUNTRY CLUB DR #702 | |
| City-St-Zip: | LAKE PLACID, FL 33852 | |
| Title: | D | ( ) Delete |
| Name: | KEITH, TERRY | |
| Address: | 3260 SE 30TH TERRACE | |
| City-St-Zip: | CAPE CORAL, FL 33904 | |
| Title: | TP | ( ) Delete |
| Name: | PHILLIPS, ROBERT | |
| Address: | 121 COUNTRY CLUB DRIVE #502 | |
| City-St-Zip: | LAKE PLACID, FL 33852 | |
| Title: | D | ( ) Delete |
| Name: | MELVIN, GARY | |
| Address: | 121 COUNTRY CLUB DR #201 | |
| City-St-Zip: | LAKE PLACID, FL 33852 | |
| Title: | D | ( ) Delete |
| Name: | HOHS, RICHARD | |
| Address: | 121 COUNTRY CLUB DR #802 | |
| City-St-Zip: | LAKE PLACID, FL 33852 | |
| Title: | D | (X) Delete |
| Name: | HALPIN, PATRICK | |
| Address: | 121 COUNTRY CLUB DR. #702 | |
| City-St-Zip: | LAKE PLACID, FL 33852 | |

**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: ROBERT T. PHILLIPS PRES 03/18/2009

Electronic Signature of Signing Officer or Director — Date