

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733127

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAKESHORE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4128 SW 61 AVE
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4128 SW 61 AVE
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 59-2093763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DACHMAN, IRVIN W PA
4441 STIRLING RD
FORT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

NACHMAN, IRVIN W PA
4441 STIRLING RD
FORT LAUDERDALE, FL 33314 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: IRVIN NACHMAN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUSH, HELEN K
Address: 4128 SW 61 AVE
City-St-Zip: DAVIE, FL 33314

Title: P () Delete
Name: BUSH, SARAH L
Address: 4128 SW 61 AVE
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: S () Delete
Name: WILLIS, SALLY
Address: 4118 SW 61ST AVE
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: VP () Delete
Name: RAMIREZ, MARIE
Address: 6092 SW 41ST ST
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: T () Delete
Name: KNAP-RAMIREZ, BARBARA
Address: 6090 SW 41ST ST
City-St-Zip: FORT LAUDERDALE, FL 33314

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: VP (X) Change () Addition
Name: MOSES, TIMOTHY
Address: 6088 SW 41ST STREET
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: T (X) Change () Addition
Name: MOSES, GRACIELA
Address: 12206 MELISSA WAY
City-St-Zip: COOPER CITY, FL 33026

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: SARAH BUSH

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date