
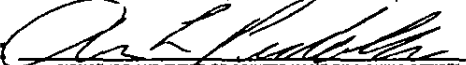


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # 735089 1. Entity Name LAKE SHORE RANCHES LAKE ASSOCIATION, INC.		
Principal Place of Business 7520 SW 42 CT. DAVIE, FL 33314		Mailing Address 7520 SW 42 CT. DAVIE, FL 33314
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GILMORE, GEORGE 7441 SW 42 PLACE DAVIE, FL 33314		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PROCHASKA, ANN L 7520 SW 42 CT. DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GILMORE, GEORGE 7441 SOUTHWEST 42 PLACE DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MILLER, DOROTHEA 7481 SW 42 PL. DAVIE, FL 33314	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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  Ann L. Prochaska 1/10/07 954-495-8813 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0214084	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

000000585476
01/16/07-80014-010 61.25

**DO NOT WRITE
IN THIS SPACE**