

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90004 016 ****61.25

DOCUMENT # 750531

1. Entity Name
**LAKESHORE TERRACE RECREATIONAL MANAGEMENT
COUNCIL, INC.**



Principal Place of Business
5498 N.W. 11TH STREET
PLANTATION, FL 33313

Mailing Address
5498 N.W. 11TH STREET
PLANTATION, FL 33313

40055555



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2065796

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROYAL PROPERTY MGMT. INC
8317 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T
NAME MONDAZIE, JULIA ☐ Delete
STREET ADDRESS 5498 N.W. 11 ST
CITY-ST-ZIP PLANTATION, FL 33313

S
NAME ROWE, BLOSSOM ☒ Delete
STREET ADDRESS 5480 NW 114 ST
CITY-ST-ZIP PLANTATION, FL 33313

P
NAME FREDERICK, TYRONE ☐ Delete
STREET ADDRESS 5320 NW 11TH ST
CITY-ST-ZIP PLANTATION, FL 33313

S
NAME CONNELLY, DOROTHY ☐ Delete
STREET ADDRESS 5320 N.W. 11 ST
CITY-ST-ZIP PLANTATION, FL 33313

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME *Julio Paul - Mondazie*
STREET ADDRESS *5498 NW 11 street, unit B*
CITY-ST-ZIP *Plantation, FL 33313*

☐ Change ☐ Addition

TITLE ☐ Change ☒ Addition
NAME *President Tyronne Frederick*
STREET ADDRESS *5320 NW 11th St #310*
CITY-ST-ZIP

☐ Change ☐ Addition

VP ☐ Change ☒ Addition
NAME *Geico Daniel*
STREET ADDRESS *5275 NW 10ct*
CITY-ST-ZIP *Plantation FL 33313*

☐ Change ☐ Addition

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:

Julia Paul-Mondazie

4/25/08

Date

954-757-9292

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR