



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90019 022 ****61.25

DOCUMENT # 759568 1. Entity Name LAKESHORE COLONY VILLA ASSOCIATION, INC.					
Principal Place of Business 8 S. LAKESHORE DR HYPOLUXO, FL 33462			Mailing Address 8 S. LAKESHORE DR HYPOLUXO, FL 33462		
2. Principal Place of Business		3. Mailing Address 3 SO. LAKESHORE DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07052006 Chg-NP CR2E037 (4/06)	
City & State		City & State HYPOLUXO FL		4. FEI Number 59-2266152	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33462		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLBY, LOIS 8 S. LAKESHORE DR HYPOLUXO, FL 33462			7. Name and Address of New Registered Agent Name MARIAN WAYNE Street Address (P.O. Box Number is Not Acceptable) 3 SO. LAKESHORE DR City HYPOLUXO FL Zip Code 33462		
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 <u>Marian L. Wayne</u> MARIAN L. WAYNE 7-7-06 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAYNE, MARION 3 S. LAKESHORE DR HYPOLUXO, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLBY, LOIS 8 LAKESHORE DR HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GYLLENSVARD, KARL 4 LAKESHORE DR HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GYLLENSVARD, KARL 4 S. LAKESHORE DR HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Marian L. Wayne</u> 7-7-06 (561) 582-6333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					