2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# 759568

Entity Name: LAKESHORE COLONY VILLA ASSOCIATION, INC.

Current Principal Place of Business:

41 S LAKESHORE DR
HYPOLUXO, FL 33462

New Principal Place of Business:

Current Mailing Address:

41 S LAKESHORE DR
HYPOLUXO, FL 33462

New Mailing Address:

3 S LAKESHORE DR
HYPOLUXO, FL 33462

FEI Number: 59-2266152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WAYNE, MARIAN
3 S. LAKESHORE DR
HYPOLUXO, FL 33462 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: PD ( ) Delete
Name: WAYNE, MARION
Address: 3 S. LAKESHORE DR
City-St-Zip: HYPOLUXO, FL 33462

Title: VPD ( ) Delete
Name: MAKILA, ARJA
Address: 26 S. LAKESHORE DR.
City-St-Zip: LAKE WORTH, FL 33460

Title: ST ( ) Delete
Name: MAKILA, PETER
Address: 26 S. LAKESHORE DR.
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WAYNE, MARIAN
Address: 3 S. LAKESHORE DR
City-St-Zip: HYPOLUXO, FL 33462

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: MARIAN WAYNE PD 06/26/2009

Electronic Signature of Signing Officer or Director — Date