

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:17

DOCUMENT # 761455 (5)

1. Corporation Name

LAKESHORE AT UNIVERSITY PARK SECTION ONE ASSOCIA
TION, INC.

Principal Place of Business

Mailing Address

2421 S.W. 127TH AVENUE
DAVIE FL 33325
US

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DAVIE FL 33325
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2169858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIELE BROS. MANAGEMENT INC.
2421 S.W. 127TH AVENUE
STE 300
DAVIE FL 33325

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BLACKWELL, MARCIA
STREET ADDRESS 8710 SHERMAN CIRCLE NORTH
CITY-ST-ZIP MIRAMAR FL

1.1 TITLE

☐ Change ☐ Addition

TITLE S
NAME ALBERT, CAROL
STREET ADDRESS 8710 SHERMAN CIRCLE NORTH
CITY-ST-ZIP MIRAMAR FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VPD
NAME GONZALEZ, CARLOS
STREET ADDRESS 8550 SHERMAN CIRCLE NORTH
CITY-ST-ZIP MIRAMAR FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE T
NAME MORGAN, MARIE
STREET ADDRESS 8710 SHERMAN CIRCLE NORTH
CITY-ST-ZIP MIRAMAR FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D
NAME CARMICHAEL, MARJORIE
STREET ADDRESS 8550 SHERIDAN CIRCLE NORTH
CITY-ST-ZIP MIRAMAR FL

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D
NAME CALALUCA, JENNIE
STREET ADDRESS 8730 SHERMAN CIRCLE NORTH
CITY-ST-ZIP MIRAMAR FL

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marcia Blackwell* MARCIA BLACKWELL 1-19-95 305-938-5866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Type)