FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 761455 (5)

1. Corporation Name

LAKESHORE AT UNIVERSITY PARK SECTION ONE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2421 S.W. 127TH AVENUE DAVIE FL 33325 US	2421 S.W. 127TH AVENUE DAVIE FL 33325 US

3. Date Incorporated or Qualified: 01/13/1982
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLACKWELL, MARCIA 8710 SHERMAN CIRCLE NORTH #207 MIRAMAR FL 33025	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ASST TREAS CAVENDER, SILVIA 8600 SHERMAN CIRCLE N #108 MIRAMAR, FL 33025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~ALBERT, CAROL~~ ~~8710 SHERMAN CIRCLE NORTH~~ ~~MIRAMAR FL~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.P. TAYLOR, LEYROY 8620 SHERMAN CIRCLE N #308 MIRAMAR, FL. 33025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORGAN, MARIE 8710 SHERMAN CIRCLE NORTH #208 MIRAMAR FL 33025	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIR DEMBEY, FRAN 8730 SHERMAN CIRCLE N #306 MIRAMAR, FL. 33025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~CARMICHAEL, MARJORIE~~ ~~8550 SHERIDAN CIRCLE NORTH~~ ~~MIRAMAR FL~~	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIR SERRANO, HECTOR 8750 SHERMAN CIRCLE N #203 MIRAMAR FL. 33025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~CALALUCA, JENNIE~~ ~~8730 SHERMAN CIRCLE NORTH~~ ~~MIRAMAR FL~~	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LINDA HAWKS 8620 SHERMAN CIRCLE N # 405 MIRAMAR, FL. 33025	☐ DELETE ~~ADD~~	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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 119.07(3)(k), 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: Mari Morgan 4/15/96 (954) 473-6285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #