FILE NOW: FILING FEE IS $61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33325-5600 US

3. Date Incorporated or Qualified: 01/13/1982
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 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	PD	☐ DELETE	1.1 TITLE	SEC'Y.-D	☐ Change ☑ Addition
NAME	BLACKWELL, MARCIA		1.2 NAME	HAWKES, LINDA	
STREET ADDRESS	8710 SHERMAN CIRCLE NORTH		1.3 STREET ADDRESS	8620 SHERMAN CR N. #405	
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP	MIRAMAR FL. 33025	
TITLE	V	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, LEYROY		2.2 NAME		
STREET ADDRESS	8620 SHERMAN CIRCLE N #308		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, MARIE		3.2 NAME		
STREET ADDRESS	8710 SHERMAN CIRCLE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HECTOR, SERRANO		4.2 NAME		
STREET ADDRESS	8750 SHERMAN CIRCLE N #203		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAVENDER, SILVIA		5.2 NAME		
STREET ADDRESS	8600 SHERMAN CIRCLE N #108		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEMPSEY, FRAN		6.2 NAME		
STREET ADDRESS	8730 SHERMAN CIRCLE N #203		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Fran Dempsey 4-25-97 954-435-8572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0037268