NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761455

1. Corporation Name

LAKESHORE AT UNIVERSITY PARK SECTION ONE ASSOCIATION, INC.

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

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

2421 S.W. 127TH AVENUE DAVIE FL 33325

US

FILED Apr 20, 1999 8:00 am § Secretary of State

04-20-1999 90250 002 ****61.25

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3. Date Incorporated or Qualifed

01/13/1982

Suite, Apt.	#, etc.	Suite, Apt. #, et	C.			- FEI (NO	1110 0 1		744	MCG I OI	
22		27		-		59-21	69858 ~ -		- Not	Applicable	
City & State	ate City & State					5. Certifca	ate of Status Desire	d 🗆	\$8.75 A		
Zip	Country	Zip	Cour	itry		6. Flection	n Campaign Financ	ina —	\$5.00	May Be	
— <u> </u>	25	29	¬ '			Trust Fund Contribution			Added to	- 1	
24	9. Name and Address of Current R	17.7.1	1301				and Address of N	w Registered	Agent		
	- Haine and Addiese of Garrent			81	Name				*		
MIELE BROS. MANAGEMENT INC.					82 Street Address (P.O. Box Number is Not Acceptable)						
2421 S.W. 127TH AVENUE											
STE 300									•		
DAVIE FL 33325					City				85 Zip C	ode	
								FL	<u> </u>		
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 Signature											
12.	OFFICERS AND		13.			ADDITIO	ONS/CHANGES TO	OFFICERS AN	ID DIRECTO		
TITLE .	PD	DELE	TE 1.1 TM	LE		PP			Change	Addition	
NAME	BLACKWELL, MARCIA		1.2 NAJ	ME		MARY 1	K. WEIR		201	1	
STREET ADDRESS	8710 SHERMAN CIRCLE NORTH		1.3 STF	REET	ADDRESS	8730 S	HERMAN	CR, M	#201		
CITY-ST-ZIP	MIRAMAR FL		1.4 CIT		.71P	MIRAMA	N FL	33025		.	
TITLE	SD	DELE							Change	Addition	
NAME	HAWKES, LINDA	,,	2.2 NA	ME	1	OVNTHIF	HERMAN	1 1	4 100	,	
	8620 SHERMAN CR NORTH #405				ADDRESS	87205	HERMAN	CRN	A- 100	-	
STREET ADDRESS	MIRAMAR FL	· *	2.4 CN			mIDAM	MU FL.	3302			
CITY-ST-ZIP	VP	▼ DELE			-214	16 (2)	7-		Change	Addition	
TTILE	1.77	W DEEK	3.2 NA			(FRALD	ING EVA	NS		* `	
NAME	CAVENDER, SILVIA					8/200 3	SHEKMA	NCEN	#37	7	
STREET ADDRESS	8600 SHERMAN CIRCLE N #108				i						
CITY-ST-ZIP	MIRAMAR FL	9 5-1	3.4. CI			MIRAMA		3302		Addition	
TITLE	Τ :	X DELE			1	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HEKMAN	IN (☐ Otteringe	74,0000	
NAME	DEMPSEY, FRAN		4. 2 NA	ME		HEHDLE	y man	char	4402		
STREET ADDRESS	8730 SHERMAN CIRCLE N #203		4.3 STI	REET	ADDRESS	8120 3	HOLMAN		سن		
CITY-ST-ZIP	MIRAMAR FL		4.4 CIT	Y-ST	- ZIP	MIRMA	NFU	3300	<u> </u>	Acres a consum	
TITLE	D	DELE]	D	. , ,		Change	Addition	
NAME	BROWN, MONA		5.2 NA	-	}	EARL	WINI	100.114	-200	ł	
STREET ADDRESS	8560 SAERMAN CR N #102		5.3 STI	REET	ADDRESS	8720 S	HERMAN		000		
ÇITY-ST-ZIP	MIRAMAR FL 33025		5.4 CIT	Y-ST	-ZIP	MIRAM	AL FL	3302S	·		
TITUE	D	X DELE	TE 6.1 TIT	LE	T	D.			Change	Addition	
NAME	HIRSCH, SAM		6.2 NA	ME	İ	JOE T	AGG		4.		
STREET ADDRESS	AT 14 ALIES 1444 AS AL #EA4		6.3 ST	REET	ADDRESS	SAM 57	HERMAN	can	# 10	3	
JIREEI MUDRESS	MIDAMAD EL 22026		6.4 CIT	Y-ST	- ZIP	m. O.A.M	ni Fl	33025	-		

14. I 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, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

/1 /99

754-413-6285 Daytime Phone # -- (00...)