

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90208 045 ****61.25

DOCUMENT # 761455 1. Entity Name LAKESHORE AT UNIVERSITY PARK SECTION ONE ASSOCIATION, INC.					
Principal Place of Business 2421 S.W. 127TH AVENUE DAVIE, FL 33325 US			Mailing Address 7932 WILES ROAD CORAL SPRINGS, FL 33067 US		
2. Principal Place of Business 8700 N. Sherman Circle		3. Mailing Address			
Suite, Apt. #, etc. #101		Suite, Apt. #, etc.			
City & State Miramar, FL		City & State			
Zip 33025		Country U.S.A.		Zip	
Country		4. FEI Number 59-2169858			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GANGUZZA, ESQ., JOSEPH 150 WEST FLAGLER STREET 27TH FLOOR-MUSEUM FLOOR MIAMI, FL 33130			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBERT, CAROL 2421 SW 127TH AVE. DAVIE, FL 33325 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	president Albert, Carol 8700 N. Sherman Circle #101 Miramar, FL 33025 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALEXANDER, LYLE C 2055 SW FLAMINGO ROAD DAVIE, FL 33325 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	v.p. Andrew, John 8700 N. Sherman Circle #101 Miramar, FL 33025 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREU, JOHN 2421 SW 127TH AVE. DAVIE, FL 33325 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	treas. Cavender, Charles 8700 N. Sherman Circle #101 Miramar, FL 33025 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIVE, DOUGLAS C 2421 SW 127TH AVE. DAVIE, FL 33325 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Charles Cavender</u>			Date: <u>4/29/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					