2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-10-2007 90024 032 ****61.25
761455

07 MAY 22 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

401101

DOCUMENT # 761455

1. Entity Name
LAKESHORE AT UNIVERSITY PARK SECTION ONE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8700 N SHERMAN CIRCLE UNIT 101 MIRAMAR, FL 33025 US	8700 N SHERMAN CIRCLE UNIT 101 MIRAMAR, FL 33025 US

04252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2169858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GANGUZZA, JOSEPH H ESQ C/O HABER & GANGUZZA, LLP SUNTRUST INT'L CNTR, 1 ST 3RD AVE #1820 MIAMI, FL 33131	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) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 8700 N SHERMAN CIRCLE, #101 MIRAMAR, FL 33025	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Young, Karen 8750 Sherman Circle North #402 Miramar FL 33025	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANDREU, JOHN 8700 N SHERMAN CIRCLE., #101 MIRAMAR, FL 33025	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Morel, Juan 8600 Sherman Circle North #507 Miramar FL 33025	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAVENDER, CHARLES 8700 N SHERMAN CIRCLE., #101 MIRAMAR, FL 33025	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Rahman, Zaid 8730 Sherman Circle North # 2-108 Miramar FL 33025	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Morel, Sonia 8600 Sherman Circle North #507 Miramar FL 33025	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Alexander, Lyle 8740 Sherman Circle North #503 Miramar FL 33025	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Douglas, Clive 831 East Point Run Drive 8-301 North Lauderdale FL 33068	☐ 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: Karen L Young KAREN L YOUNG 5-7-07 954-437-7291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 761455

1. Entity Name
LAKESHORE AT UNIVERSITY PARK SECTION ONE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8700 N SHERMAN CIRCLE UNIT 101 MIRAMAR, FL 33025 US	8700 N SHERMAN CIRCLE UNIT 101 MIRAMAR, FL 33025 US

40110119

04252007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2169858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GANGUZZA, JOSEPH H ESQ C/O HABER & GANGUZZA, LLP SUNTRUST INT'L CNTR, 1 ST 3RD AVE #1820 MIAMI, FL 33131	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 _____ DATE
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, 2007

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 8700 N SHERMAN CIRCLE, #101 MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Young, Darryl 8750 Sherman Circle North #402 Miramar FL 33025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ANDREU, JOHN 8700 N SHERMAN CIRCLE., #101 MIRAMAR, FL 33025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAVENDER, CHARLES 8700 N SHERMAN CIRCLE., #101 MIRAMAR, FL 33025	☐ 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
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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR