## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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05-10-2007 90024 032 \*\*\*\*61.25 **DOCUMENT #761455** 1. Entity Name LAKESHORE AT UNIVERSITY PARK SECTION ONE 07 MAY 22 PM 2: 45 ASSOCIATION, INC. 401101 FALLY IN SECENTION STATE Principal Place of Business Mailing Address **B700 N SHERMAN CIRCLE** 8700 N SHERMAN CIRCLE JINST 101 LINIT 101 MIRAMAR, FL 33025 US MIRAMAR, FL 33025 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2169858 Applied For Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GANGUZZA, JOSEPH H ESQ C/O HABER & GANGUZZA, LLP SUNTRUST INT'L CNTR, 1 ST 3RD AVE #1820 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 City 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title II applicable (NOTE: Registered Agent pignature required when reinssaunce) DATE Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Bo Make check payable to Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ bette TITLE Change Addition ALBERT, CAROL NAME Young, Karen 8750 Sherman Circle North # 402 NAME 8700 N SHERMAN CIRCLE, #101 STREET ADORESS STREET ADORESS MIRAMAR, FL 33025 CITY-ST-ZP CITY-ST-ZIP Miramar FL 33025 TITLE VP ☐ Delete TITLE ANDREU, JOHN MALIS NAME morelyluan 8600 sherman circle NOAM \$ 507 STREET ADDRESS 8700 N SHERMAN CIRCLE., #101 STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33025 CITY-ST-21P 33025 Miramer TITLE ☑ Defete MLE Change Pladdition NAME CAVENDER, CHARLES NAME Rahman, Zaid 8730 Sheman circle North # 2-108 STREET ADDRESS 8700 N SHERMAN CIRCLE., #101 STREET ADVINCESS MIRAMAR, FL 33025 CITY-ST-ZIP CITY-ST-ZIP 33025 miramor ITTLE ☐ Delete ☐ Change ☐ Addition morelsonia circle Norm #507 NULLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mismor PL 33025 IIILE Odeta TITLE D NAME NAME Alexander, Lyle 1940 sheman Circle Horth # 503 STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP minumer FL 33005 TITLE Oelete TITLE Change Addition DOUGIAS, CINE NAME NAME B31 East Paut Run Drive 8-301 STREET ADDRESS STREET ATTORESS CITY-ST-ZIP non Laudoragie CITY-ST-ZIP FL 12. I hereby certify that the indicated on this repo

information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information or supplemental report in fine and accurate and that my signature shall have the same legal effect as if made under earl; that I am an officer or director receiver or trustee early affect to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation of changed, or on an

SIGNATURE:

KAREN LYOUNG 5-7-07 954-437-729

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

DOCUMENT # 761455  1. Entity Name LAKESHORE AT UNIVERSITY PARK SECTION ONE ASSOCIATION, INC.									iaiClA I		
Principal Place of Business 8700 N SHERMAN CIRCLE UNIT 101 MIRAMAR, FL 33025 US			Mailing Address 8700 N SHERMAN CIR UNIT 101 MIRAMAR, FL 33025			ا ۱۸ از	15117	7)			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		<del></del>	401	10110	1	·=•I		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252007 Chg-NP CR2E037 (12/06)					
City & State			City & State			E0 24600E0		plied For X Applicable			
Zip	Country				untry	5. Certificate of Status Desire		s Desired	red  \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
GANGUZZA, JOSEPH H ESQ C/O HABER & GANGUZZA, LLP SUNTRUST INT'L CNTR, 1 ST 3RD AVE #1820						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33131				City	FL Zip C				9		
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, hyped or privide name or required agent and 98e if applicable. (NOTE: Registered Agent signature required when remasting)  DATE  Filling Fee Is \$61.25  Due by May 1, 2007  P. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Make check payable to Florida Department of State											
10.		OFFICERS AND DIE	RECTORS	11,			ODITIONS/CHANGES	TO OFFICERS A	ND DIRECTORS IN	10	
HAME STREET ADDRESS CITY-ST-ZIP						875	mg, Darryl Osherman amar	arue N	□ Change OV1+17 # 4 FL 33C	Prodition 07. 25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDREU, JO 8700 N SHE MIRAMAR, F	RMAN CIRCLE., #10	Detete	1					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAVENDER	, CHARLES RMAN CIRCLE., #10	Delete						☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Oelete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition	
12. I hereby cartify 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:											