

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90003 004 ****61.25

DOCUMENT # 761455	
1. Entity Name LAKESHORE AT UNIVERSITY PARK SECTION ONE ASSOCIATION, INC.	

Principal Place of Business 8700 N SHERMAN CIRCLE, BLDG #6 UNIT 101 MIRAMAR, FL 33025 US	Mailing Address 8700 N SHERMAN CIRCLE, BLDG #6 UNIT 101 MIRAMAR, FL 33025 US
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40108947



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

06162008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2169858	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GANGUZZA, JOSEPH H ESQ 1 SE 3 AVE STE 2150 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, KAREN ☐ Delete 8750 SHERMAN CIRCLE NORTH #402 MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer LISA EMMANUEL ☐ Change ☒ Addition 8720 N SHERMAN CIRCLE #108 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOREI, JUAN ☐ Delete 8600 SHERMAN CIRCLE NORTH #507 MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Richard Robinson ☐ Change ☒ Addition 8750 N SHERMAN CIRCLE #108 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAHMAN, ZAID ☒ Delete 8730 SHERMAN CIRCLE NORTH #2-108 MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Doreyl Young ☐ Change ☒ Addition 8750 N SHERMAN CIRCLE #402 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOREI, SONIA ☒ Delete 8600 SHERMAN CIRCLE NORTH #507 MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director RALPH SERRANO ☐ Change ☒ Addition P.O. Box 245146 Pembroke Pines, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, LYLE ☒ Delete 8740 SHERMAN CIRCLE NORTH #503 MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, CLIVE ☒ Delete 831 EAST PAUT RUN DRIVE 8-301 NORTH LAUDERDALE, FL 33068	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: Karen L. Young **6-16-08** **954-437-7773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #