

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768021

FILED
May 12, 2004
Secretary of State

Entity Name: THE LAKES OF SHERBROOKE MUTUAL SERVICE ASSOCIATION, INC.

Current Principal Place of Business:

8130 HAVASU CT.
LAKE WORTH, FL 33467

New Principal Place of Business:

<UNUSED>
LAKE WORTH, FL 33467

Current Mailing Address:

8130 HAVASU CT.
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 59-2280244 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHERNACK, JACK
5194 CANDLEWOOD CT.
LAKE WORTH, FL 33467

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: ETINGOFF, WILLIAM
Address: 5071 WHITEWOOD WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: ZIMMER, MIKE
Address: 8555 WHITE EGRET WAY
City-St-Zip: LAKE WORTH, FL 33463

Title: SD () Delete
Name: BALLEEN, JERRY
Address: 8296 WACCAMAW LN E.
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Delete
Name: SCHNEIDER, RON
Address: 8683 WHITE EGRET WY
City-St-Zip: LAKE WORTH, FL 33467

Title: PD () Delete
Name: CHERNACK, JACK
Address: 5195 CANDLEWOOD CT
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MARCOALDI, JANET E
Address: 5080 WHITEWOOD WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: SD (X) Change () Addition
Name: WEBSTER, BARBARA
Address: 8170 WHITEWOOD COVE SOUTH
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET MARCOALDI

TD

05/12/2004

Electronic Signature of Signing Officer or Director

Date