

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768704

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** THE ESTATES OF LAKE CLARKE SHORES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7508 NEMEC DR N  
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20253  
WEST PALM BEACH, FL 33416 US

**New Mailing Address:**

PO BOX 20253  
WEST PALM BEACH, FL 33416

**FEI Number:** 59-2375000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANNE ROZO, MARY  
7508 NEMEC DR N  
WEST PALM BEACH, FL 33406 US

**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: T  
Name: ROZO, MARY ANNE  
Address: 7508 NEMEE DR N  
City-St-Zip: WEST PALM BCH, FL 33406

Title: D  
Name: GARAMY, GEORGE  
Address: 7643 NEMEC DRIVE SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D  
Name: GOITIA, ANGEL E  
Address: 7769 NEMEC DR. S.  
City-St-Zip: LAKE CLARKE SHORES, FL 33406

Title: D  
Name: LA ROVERE, GERALDINE  
Address: 7509 NEMEC DRIVE NORTH  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: P  
Name: BUCKMASTER, JEFFEREY  
Address: 7628 NEMEC DR S  
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby 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 all other like empowered.

SIGNATURE: MARY ANNE ROZO

T

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date