


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H56538</b>		
1. Entity Name <b>LAKE SHORE PARK MOBILE HOMEOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>800 32ND AVENUE SOUTH LOT 816 ST. PETERSBURG, FL 33705</b>	Mailing Address <b>800 32ND AVENUE SOUTH LOT 816 ST. PETERSBURG, FL 33705</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GALVIN, JOSEPH E 800 32ND AVE S, # 525 SAINT PETERSBURG, FL 33705</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC HARRMAN, JANE A 800-32ND AVE S, # 830 SAINT PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GALVIN, JOSEPH E 800-32 AVE S, # 525 SAINT PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GAUTHIER, RENALD 800-32ND AVE S, # 304 SAINT PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NICOLE, MARCEL 800-32ND AVE S, #215 SAINT PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDREWS, ROBERT 800-32ND AVE S, # 826 SAINT PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHMITZ, LORETTA 800-32ND AVE S, # 804 SAINT PETERSBURG, FL 33705	
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 607, 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: <u>Joseph E. Galvin</u> (Joseph E. GALVIN) 1/08/2008 (727) 894-3717 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2613259</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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01/15/08-80053-010 158.75

**DO NOT WRITE  
IN THIS SPACE**