2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# H56538

Entity Name: LAKE SHORE PARK MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

800 32ND AVENUE SOUTH
LOT 816
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

800 32ND AVENUE SOUTH
LOT 816
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 59-2613259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALVIN, JOSEPH E
800 32ND AVE S, # 525
SAINT PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

GALVIN, JOSEPH E
800 32ND AVE S,
#525
SAINT PETERSBURG, FL 33705 US

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: _____ 02/26/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SEC ( ) Delete
Name: HARRMAN, JANE A
Address: 800-32ND AVE S, # 830
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: PRES ( ) Delete
Name: GALVIN, JOSEPH E
Address: 800-32 AVE S, # 525
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP ( ) Delete
Name: GAUTHIER, RENALD
Address: 800-32ND AVE S, # 304
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T ( ) Delete
Name: NICOLE, MARCEL
Address: 800-32ND AVE S, #215
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D ( ) Delete
Name: ANDREWS, ROBERT
Address: 800-32ND AVE S, # 826
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D ( ) Delete
Name: SCHMITZ, LORETTA
Address: 800-32ND AVE S, # 804
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SEC (X) Change ( ) Addition
Name: BARABE, RAYMOND
Address: 800-32ND AVE S, # 509
City-St-Zip: SAINT PETERSBURG, FL 33705

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

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

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

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 exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH E GALVIN PRES 02/26/2009
Electronic Signature of Signing Officer or Director — Date