

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009458

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** LAKESHORE/RIVERWALK COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2010 HARBORTOWN DRIVE  
SUITE I  
FT PIERCE, FL 32946 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O VISTA PROPERTY MIAMI, INC  
100 VISTA ROYCLE BLVD  
VERO BEACH, FL 32962 US

**New Mailing Address:**

2351 LAKE SHORE DR  
FORT PIERCE, FL 34949 US

**FEI Number:** 57-1148708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOSLEY, CURTIS R ESQ  
1221 E NEW HAVEN AVE  
MELBOURNE, FL 32901 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: P ( ) Delete  
Name: SMITH, CAROL  
Address: 2351 LAKE SHORE DR  
City-St-Zip: FORT PIERCE, FL 34949

Title: DV ( ) Delete  
Name: GUIDEBECK, MAGGIE  
Address: 221 RIVER WALK N HUTCHINSON TO LAND  
City-St-Zip: FORT PIERCE, FL 34949

Title: DS ( ) Delete  
Name: MUENTE, SHARON  
Address: 3261 LAKESHORE DR  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

SIGNATURE: CAROL SMITH

PRES

03/03/2009

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

\_\_\_\_\_  
Date