2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N03000009166

1. Entity Name
SHORES OF LAKE CLAIR HOMEOWNERS
ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1135 EAST AVENUE	1135 EAST AVENUE
CLERMONT, FL 34711	CLERMONT, FL 34711

DO NOT WRITE IN THIS SPACE

04012008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
57-1166448	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LADD, DALE J
1135 EAST AVENUE
CLERMONT, FL 34711

DO NOT WRITE
IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25	**9.** Election Campaign Financing	**$5.00** May Be	U00000937535
Due by May 1, 2008	Trust Fund Contribution. ☐	Added to Fees	05/27/08-80053-017 61.25

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LADD, DALE J
STREET ADDRESS	1135 EAST AVENUE
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	VD
NAME	LADD, DARRYL A
STREET ADDRESS	1135 EAST AVENUE
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	STD
NAME	LADD, NANCY
STREET ADDRESS	1135 EAST AVENUE
CITY-ST-ZIP	CLERMONT, FL 34711

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 617, 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: _Dale J. Ladd_   4-14-08   352-394-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #