FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -8 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04993 (4)

1. Corporation Name
LAKESHORE MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
31 ARLENE AVE HALLANDALE FL 33009	31 ARLENE AVE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1984
3a. Date of Last Report: 04/14/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Same
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DEAN, RUTH
31 ARLENE AVE
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: Raymond Cloutier
82 Street Address (P.O. Box Number is Not Acceptable): 114 Lori Lane
83: Hallandale
84 City: FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Raymond Cloutier, Pres — Raymond Cloutier — DATE: 2-28-95
Signature, Typed or Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	ROY, MADELEINE	1.2 NAME		
STREET ADDRESS	137 STEVEN ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	MARQUETTE, ROGER	2.2 NAME		
STREET ADDRESS	139 JANIS BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	DJIHANIAN, ANTONINE	3.2 NAME		
STREET ADDRESS	33 ARLENE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	CLOUTIER, RAYMOND	4.2 NAME		
STREET ADDRESS	114 LORI LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	VP-D	☒ Change ☐ Addition
NAME	DEAN, RUTH	5.2 NAME	Marcel Marquette	
STREET ADDRESS	31 ARLENE AVE	5.3 STREET ADDRESS	120 Lori Lane	
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	LOUGHNEY, FRANK	6.2 NAME		
STREET ADDRESS	110 DAVID DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Cloutier — Raymond Cloutier — 2-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
305-949-7307

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