

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N04993** (4)
1. Corporation Name
LAKEHORE MOBILE HOME OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 08/30/1984	3a. Date of Last Report 03/08/1995
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLOUTIER, RAYMOND
114 LORI LANE
HALLANDALE FL 33009

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Raymond Cloutier* **Raymond Cloutier** **2-26-96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUETTE, ROGER	2.2 NAME	Rene Gatineau
STREET ADDRESS	139 JANIS BLVD	2.3 STREET ADDRESS	116 Lori Lane
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	Hallandale, FL, 33009
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DJHANIAN, 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUETTE, MARCEL	5.2 NAME	
STREET ADDRESS	120 LORI LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: *Raymond Cloutier* **Raymond Cloutier** **2/26/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **954-999-7307**

CR2E037 (12/95)