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FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04993 (4)

1. Corporation Name

LAKESHORE MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

31 ARLENE AVE
HALLANDALE FL 3300931 ARLENE AVE
HALLANDALE FL 33009-38033. Date Incorporated or Qualified
08/30/19843a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 Marcel Marquette

82 Street Address (P.O. Box Number is Not Acceptable)
120 Lori Lane

83

84 City Hallandale FL 85 Zip Code 33009

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

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ROY, MADELEINE
STREET ADDRESS 137 STEVEN ST
CITY-ST-ZIP HALLANDALE FL 330091.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE TT ☒ DELETE
NAME GATINEAU, RENE
STREET ADDRESS 116 LORI LANE
CITY-ST-ZIP HALLANDALE FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Lorraine Belair
2.3 STREET ADDRESS 102 Lori Lane
2.4 CITY-ST-ZIP Hallandale, FL 33009TITLE T ☒ DELETE
NAME DJIHANIAN, ANTONINE
STREET ADDRESS 33 ARLENE AVE
CITY-ST-ZIP HALLANDALE FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Gerard LaFontaine
3.3 STREET ADDRESS 117 Lori Lane
3.4 CITY-ST-ZIP Hallandale, FL 33009TITLE T ☒ DELETE
NAME CLOUTIER, RAYMOND
STREET ADDRESS 114 LORI LANE
CITY-ST-ZIP HALLANDALE FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VP Real Moore
4.3 STREET ADDRESS 129 Janis Blvd.
4.4 CITY-ST-ZIP Hallandale, FL 33009TITLE VP ☐ DELETE
NAME MARQUETTE, MARCEL
STREET ADDRESS 120 LORI LANE
CITY-ST-ZIP HALLANDALE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE BD ☐ DELETE
NAME LOUGHNEY, FRANK
STREET ADDRESS 110 DAVID DRIVE
CITY-ST-ZIP HALLANDALE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022648

CR2E037 (9/96)