


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90186 020 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N04993</b>					
1. Corporation Name <b>LAKESHORE MOBILE HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>31 ARLENE AVE HALLANDALE FL 33009</b>			Mailing Address <b>31 ARLENE AVE HALLANDALE FL 33009</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/30/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BELAIR, LORRAINE 102 LORI LN HALLANDALE FL 33009</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 Lorraine D Belair (NOTE: Registered Agent signature required when reinstating) DATE 3/8/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	ROY, MADELEINE	<input type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				1.2 NAME	Belair, Lorraine		
STREET ADDRESS		137 STEVEN ST		1.3 STREET ADDRESS	102 Lori Lane		
CITY-ST-ZIP		HALLANDALE FL 33009		1.4 CITY-ST-ZIP	Hallandale, FL 33009		
TITLE	S	BELAIR, LORRAINE	<input type="checkbox"/> DELETE	2.1 TITLE	VPI/D Denise Boissinat	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME	122 Lori Lane		
STREET ADDRESS		102 LORI LANE		2.3 STREET ADDRESS	Hallandale, FL 33009		
CITY-ST-ZIP		HALLANDALE FL		2.4 CITY-ST-ZIP			
TITLE	TD	COTE, GERARD	<input type="checkbox"/> DELETE	3.1 TITLE	T/D Cote, Gerard	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	136 Steven Street		
STREET ADDRESS		136 STEVEN ST		3.3 STREET ADDRESS	Hallandale, FL 33009		
CITY-ST-ZIP		HALLANDALE FL 33009		3.4 CITY-ST-ZIP			
TITLE	S	MICHAUD, NICOLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/D Leroux, Colette	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME	43 Flatbush Ave		
STREET ADDRESS		111 LORI LANE		4.3 STREET ADDRESS	Hallandale, FL 33009		
CITY-ST-ZIP		HALLANDALE FL 33009		4.4 CITY-ST-ZIP			
TITLE	D	BOUDREAU, LOUIS	<input type="checkbox"/> DELETE	5.1 TITLE	TR Blanchette, Purie	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME	106 Lori Lane		
STREET ADDRESS		111 LORI LANE		5.3 STREET ADDRESS	Hallandale, FL 33009		
CITY-ST-ZIP		HALLANDALE FL 33009		5.4 CITY-ST-ZIP			
TITLE	D	BUISSON, J P	<input type="checkbox"/> DELETE	6.1 TITLE	D Boissinat, Roger	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	122 Lori Lane		
STREET ADDRESS		129 STEVEN ST		6.3 STREET ADDRESS	Hallandale, FL 33009		
CITY-ST-ZIP		HALLANDALE FL 33009		6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: Lorraine D Belair SIGNATURE REQUIRED DATE 3-8-99 954-961-8392

CR2E037 (1/98)