2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003185

Entity Name: VILLAS AT LAKE SHORE HOA, INC.

FILED May 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10200 STATE RD 84 108 ROYAL PALM AVE STE 107 CLEWISTON, FL 33440

DAVIE, FL 33324

Current Mailing Address: New Mailing Address:

10200 STATE RD 84 108 ROYAL PALM AVE STE 107 CLEWISTON, FL 33440 DAVIE, FL 33324

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KHAN, YASIR
10200 STATE RD 84
STE 107
DAVIE, FL 33324 US

KHAN, YASIR
108 ROYAL PALM AVE
CLEWISTON, FL 33440 US

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.

SIGNATURE: MARY HARLESS 05/08/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PSD () Delete Title: PSD (X) Change () Addition

Name:KHAN, YASIRName:KHAN, YASIRAddress:10200 STATE RD 84 - STE 107Address:108 ROYAL PALM AVE

City-St-Zip: DAVIE, FL 33324 City-St-Zip: CLEWISTON, FL 33440

Title: VPTD () Delete Title: VPTD (X) Change () Addition Name: SALKEY, FLOYD Name: SALKEY, FLOYD

Address: 10200 STATE RD 84 - STE 107 Address: 108 ROYAL PALM AVE
City-St-Zip: DAVIE, FL 33324 City-St-Zip: CLEWISTON, FL 33440

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 SOTO, CATHERINE
 Name:

 Address:
 10200 STATE RD 84 - STE 107
 Address:

 City-St-Zip:
 DAVIE, FL 33324
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HARLESS MGR 05/08/2008