

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003275

FILED  
May 23, 2010  
Secretary of State

**Entity Name:** LAKESHORE NEIGHBORHOOD ASSOCIATION INC.

**Current Principal Place of Business:**

4127 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

4127 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CARNES, JEFFREY  
Address: 4127 NORTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

Title: VPD  
Name: BEETS, BRET  
Address: 4127 NORTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

Title: SD  
Name: POWELL, STEVEN  
Address: 4127 NORTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

Title: TD  
Name: NASSOFER, LORRIE  
Address: 4127 NORTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

Title: D  
Name: CASTINE, MADORA  
Address: 4127 NORTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

Title: D  
Name: ALLEN, CHARLES  
Address: 4127 NORTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: LORRIE NASSOFER

TD

05/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date