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**Mar 22, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N09150**

1. Corporation Name

**LAKE SHORE MOBILE HOMEOWNERS ASSOCIATION OF PINE  
 LLAS COUNTY, INC.**

Principal Place of Business

8003 SEMINOLE BOULEVARD  
 LOT 14  
 SEMINOLE FL 33772-4806  
 US

Mailing Address

8003 SEMINOLE BOULEVARD  
 LOT 14  
 SEMINOLE FL 34642



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

05/08/1985

4. FEI Number

59-2630527

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

D'AMELIO, JOSEPH  
 8003 SEMINOLE BLVD., LOT #14  
 SEMINOLE FL 33772

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE SD  
 NAME ANDERSON, EVELYN  
 STREET ADDRESS 8003 SEMINOLE BLVD LOT 32  
 CITY-ST-ZIP SEMINOLE FL

TITLE TD  DELETE

TITLE TD  
 NAME GOLDEN, WALTER H  
 STREET ADDRESS 8003 SEMINOLE BLVD LOT 1  
 CITY-ST-ZIP SEMINOLE FL

TITLE PD  DELETE

TITLE PD  
 NAME D'AMELIO, DOROTHY  
 STREET ADDRESS 8003 SEMINOLE BLVD LOT 14  
 CITY-ST-ZIP SEMINOLE FL

TITLE  DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Walter H Golden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 18, 1999

Date

Daytime Phone #

CR2E037 (11/98)