

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90014 034 ****61.25

DOCUMENT # N09150

1. Entity Name

LAKE SHORE MOBILE HOMEOWNERS ASSOCIATION OF PINE

Principal Place of Business

Mailing Address

**8003 SEMINOLE BOULEVARD
 LOT 14
 SEMINOLE FL 33772-4806
 US**

**8003 SEMINOLE BOULEVARD
 LOT 14
 SEMINOLE FL 33772-4806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2630527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	ANDERSON, EVELYN	
STREET ADDRESS	8003 SEMINOLE BLVD LOT 32	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOLDEN, WALTER H	
STREET ADDRESS	8003 SEMINOLE BLVD LOT 1	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	D'AMELIO, DOROTHY	
STREET ADDRESS	8003 SEMINOLE BLVD LOT 14	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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

7 MAR 00
Date

Daytime Phone #

CR2E037 (9/99)