


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90009 047 ****61.25

DOCUMENT # N09150			
1. Entity Name LAKE SHORE MOBILE HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.			
Principal Place of Business 8003 SEMINOLE BOULEVARD LOT 32 6 SEMINOLE FL 33772-4806 US		Mailing Address 8003 SEMINOLE BOULEVARD LOT 32 6 SEMINOLE FL 33772-4806 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent ANDERSON, EVELYN 8003 SEMINOLE BOULEVARD LOT 32 6 SEMINOLE FL 33772-4806		7. Name and Address of New Registered Agent Name NANCY O'CONNOR Street Address (P.O. Box Number is Not Acceptable) 8003 SEMINOLE BLVD Lot #6 City Seminole FL Zip Code 33772	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Isabelle Wellwood TD DATE 3-15-04
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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, EVELYN 8003 SEMINOLE BLVD LOT 32 SEMINOLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OCONNOR, PAUL 8003 SEMINOLE BLVD LOT 6 SEMINOLE FL 33772-4806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELLWOOD, ISABELLE 8003 SEMINOLE BLVD LOT 15 SEMINOLE FL 33772-4806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NANCY O'CONNOR 8003 SEMINOLE BLVD Lot 6 SEMINOLE FL 33772-4806 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nancy O'Connor <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8003 Seminole Blvd Lot 6 Seminole FL 33772-4806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PAUL T. O'CONNOR Paul T. O'Connor 3/29/04 727-397-6784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #