



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N09150		
1. Entity Name LAKE SHORE MOBILE HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.		

Principal Place of Business 8003 SEMINOLE BOULEVARD LOT 6 SEMINOLE, FL 33772-4806 US	Mailing Address 8003 SEMINOLE BOULEVARD LOT 6 SEMINOLE, FL 33772-4806 US
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DO NOT WRITE IN THIS SPACE

	
01042005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-2630527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'CONNOR, NANCY 8003 SEMINOLE BOULEVARD LOT 6 SEMINOLE, FL 33772-4806	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD O'CONNOR, PAUL 8003 SEMINOLE BLVD LOT 6 SEMINOLE, FL 337724806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WELLWOOD, ISABELLE 8003 SEMINOLE BLVD LOT 15 SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD O'CONNOR, NANCY 8003 SEMINOLE BLVD LOT 6 SEMINOLE, FL 337724806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Nancy O'Connor Nancy O'Connor 3/03/05 (727) 3976784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary