


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90002 003 ****61.25

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| DOCUMENT # N09294 | |  |
| 1. Entity Name LAKE SHORE OF BROWARD CONDOMINIUM ASSOCIATION, INC. | | |

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| Principal Place of Business C/O DONNALEE RICHARDSON 325 SUNSET DR APT B FT. LAUDERDALE, FL 33301 US | Mailing Address C/O COLLINS 325 SUNSET DR APT B E FT. LAUDERDALE, FL 33301 US |
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|--------------------------------|----------------------|--|----------------------|
| 2. Principal Place of Business | | 3. Mailing Address C/O Collins | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 325 Sunset Drive APT E | |
| City & State | | City & State Fort Lauderdale, FL | |
| Zip 33301 | Country US | Zip 33301 | Country US |

07022006 Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-2639573 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent COLLINS, CHERYL 325 SUNSET DR UNIT 3 FT. LAUDERDALE, FL 33301 | | 7. Name and Address of New Registered Agent Name Collins, Cheryl Street Address (P.O. Box Number is Not Acceptable) 325 Sunset Drive Unit E City Fort Lauderdale FL Zip Code 33301 | |
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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 *Cheryl Collins*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by September 6, 2006 | 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 | TD COLLINS, CHERYL 325 SUNSET DRIVE, UNIT E FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COLLINS, WALTER 325 SUNSET DRIVE, UNIT E FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Rogers, Phyllis 325 Sunset Drive, Unit C Fort Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Richardson, DonnaLee 325 Sunset Drive, Unit B Fort Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RICHARDSON, EUGENE 325 SUNSET DRIVE, UNIT B FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PAYNE, ABB 325 SUNSET DRIVE, UNIT D FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 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 exemptions contained in Chapter 119, 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: *Cheryl Collins* *Cheryl Collins* 7/2/06 954-525-9839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #