

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09294

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** LAKE SHORE OF BROWARD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DONNALEE RICHARDSON  
325 SUNSET DR APT B  
FT. LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COLLINS  
325 SUNSET DR APT E  
FT. LAUDERDALE, FL 33301 US

**New Mailing Address:**

**FEI Number:** 59-2639573      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RICHARDSON, DONNALEE  
325 SUNSET DR PAT B  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: COLLINS, CHERYL  
Address: 325 SUNSET DRIVE, UNIT E  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD ( ) Delete  
Name: PAYNE, ABB  
Address: 325 SUNSET DRIVE, UNIT D  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VD ( ) Delete  
Name: ROGERS, PHYLISS  
Address: 325 SUNSET DRIVE UNIT C  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PD ( ) Delete  
Name: RICHARDSON, DONNALEE  
Address: 325 SUNSET DRIVE UNIT B  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNALEE RICHARDSON

PD

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date