

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90032 007 ****61.25

DOCUMENT # N09495 1. Entity Name THE LAKESHORE COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 1270 SOUTH FRANKLIN AVENUE HOMESTEAD, FL 33034			Mailing Address 1270 SOUTH FRANKLIN AVENUE HOMESTEAD, FL 33034		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ROGEL, DAVID 121 ALHAMBRA PLAZA, STE 1000 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Michael G. Bass, P.A. Street Address (P.O. Box Number is Not Acceptable) 8900 SW 107 Ave Suite 206 City MIAMI FL Zip Code 33176	
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 Michael G. Bass, Pres. DATE 3/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCONNACHIE, ROBERT A 9809 CONSTITUTION AVE HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Misenh, Evelyn 1150 N. Liberty Ave Homestead, FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, SONYA 889 HAMILTON DRIVE #K HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Yoder, Louvin 1041 Jefferson Dr Homestead, FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLAND, BETTIE 15006 JEFFERSON DRIVE #2 HOMESTEAD, FL 33034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Holland, Betty 1500 JEFFERSON DR. # 2 Homestead, FL 33034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Maynard, Maria 840 Independence Dr. # 2 Homestead, FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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:			Date 3-21-8 Daytime Phone # 305-245-1889		