2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11185

FILED May 01, 2009 Secretary of State

Entity Name: LAKESHORE 3 CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1270 SO. FRANKLIN AVENUE HOMESTEAD, FL 33034 **Current Mailing Address: New Mailing Address:** 1270 SO. FRANKLIN AVENUE HOMESTEAD, FL 33034 FEI Number: 59-2720236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOODMAN-GUENTHER, JOYCE ESQ. GOODMAN-GUENTHER, JOYCE ESQ. KILLIAN PROFESSIONAL VILLAGE MICHAEL BASS 8900 SWW 107 AVE SUITE 206 10723 SW 104 ST MIAMI, FL 33176 US MIAMI, FL 33176 US 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: MICHAEL BASS 05/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MORRISON, IRENE Name: Name: 910 F CONSTITUTION DR Address: Address: City-St-Zip: HOMESTEAD, FL 33034 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MC CONNACHIE, ROBERT Name: Address: 980 G CONSTITUTION DRIVE Address: City-St-Zip: HOMESTEAD, FL City-St-Zip: Title: (X) Delete Title: () Change () Addition WEISE, CATHERINE Name: Name: 980 K CONSTITUTION DRIVE Address: Address: City-St-Zip: HOMESTEAD, FL 33034 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: ROBERT S. MCCONNACHIE PD 05/01/2009