2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N15104

Entity Name: LAKESHORE 10 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1270 SOUTH FRANKLIN AVE.
HOMESTEAD, FL 33034

New Principal Place of Business:

Current Mailing Address:

PO BOX 924176
HOMESTEAD, FL 33092

New Mailing Address:

FEI Number: 59-2686217 **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:

REHR, MICHAEL E ESQ
9500 S. DADELAND BLVD., SUITE 550
4TH FLOOR
MIAMI, FL 33156 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:	P	( ) Delete
Name:	HENDRICKSON, KAREN	
Address:	1044A S. INDEPENDENCE DRIVE	
City-St-Zip:	HOMESTEAD, FL 33034	
Title:	ST	( ) Delete
Name:	SPARKMAN, JUANITA	
Address:	102414 S. INDEPENDENCE DR	
City-St-Zip:	HOMESTEAD, FL 33034	
Title:	D	( ) Delete
Name:	GOELTZER, STEVE	
Address:	1460 JEFFERSON DR UNIT C	
City-St-Zip:	HOMESTEAD, FL 33034	

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:		

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: KAREN HENDRICKSON PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date