

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15966

FILED
May 01, 2009
Secretary of State

Entity Name: LAKESHORE 4 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1270 S. FRANKLIN AVE.
HOMESTEAD, FL 33034

New Principal Place of Business:

Current Mailing Address:

1270 S. FRANKLIN AVE.
HOMESTEAD, FL 33034

New Mailing Address:

FEI Number: 59-2720237 **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:

BASS, MICHAEL G
8900 SW 107 AVE. #206
MIAMI, FL 33176 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: PD () Delete
Name: MISENTI, EVELYN
Address: 1150 F N LIBERTY
City-St-Zip: HOMESTEAD, FL 33034

Title: SD () Delete
Name: TOWNLEY, LINDA
Address: 1151 E N LIBERTY
City-St-Zip: HOMESTEAD, FL 33034

Title: TD () Delete
Name: CARRILLO, TINA
Address: 1150 K. NORTH LIBERTY AVENUE
City-St-Zip: HOMESTEAD, FL 33034

Title: D () Delete
Name: SIGLOR, CHARLOTTE
Address: 1151 G NORTH LIBERTY AVENUE
City-St-Zip: HOMESTEAD, FL 33034

Title: VP () Delete
Name: GARCIA, SUSAN
Address: 802 CONSTITUTION DR #E
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:

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: EVELYN MISENTI

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date