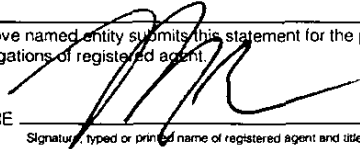


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-28-2008 90036 015 ****61.25

DOCUMENT # N15970 1. Entity Name LAKESHORE 11 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 27501 S. DIXIE HWY SUITE 207 HOMESTEAD, FL 33032 US			Mailing Address P.O. BOX 924176 HOMESTEAD, FL 33092 US		
2. Principal Place of Business - No P.O. Box # 1270 S. Franklin Ave.		3. Mailing Address 1270 S. Franklin Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Homestead, FL		City & State Homestead, FL			
Zip 33034		Country USA		4. FEI Number 59-2683606	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GOODMAN-GUENTHER, JOYCE P 10723 SW 104 STREET MIAMI, FL 33176			7. Name and Address of New Registered Agent Name: Michael G. Bass, P.A. Street Address (P.O. Box Number is Not Acceptable): 9100 SW 107 Ave Suite 406 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. 3/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	TD PATE, DEBORAH 1160 F WASHINGTON CIRCLE HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sabbag, Raul 10481 SW 160th Court Miami, FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, NICOLE R 1190 WASHINGTON CIR HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Spisiak, James 450 NE 1st Road Homestead, FL 33030	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, LATOYA 1077 WASHINGTON CIR E HOMESTEAD, FL 33034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: 			3-21-8 305-245-1885		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone # /</small>		