

N17000004237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

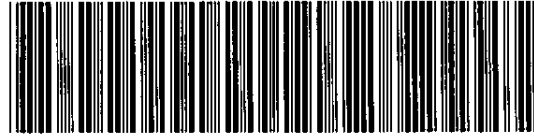
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
17 APR 19 AM 11:05

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
17 APR 19 AM 11:05

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Lakeshore Community Association Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Michelle Pink
Name (Printed or typed)

2009 Orata Drive
Address

Orlando, FL 32839
City, State & Zip

315-240-4597
Daytime Telephone number

mrspinkyl67@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lakeshore Landings Community Association Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2009 Onaka Drive
Orlando, FL 32839

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Community Association

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DIVISION OF CORPORATIONS
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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Annual Election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Pink / President

Address: 2009 Onaka Dr
Orlando FL 32839

Name and Title: Mark Harris / V. Pres

Address: 3521 Hopi Dr
Orlando, FL 32839

Name and Title: Karen Hout / Treasurer

Address: 2219 Moho Dr
Orlando FL 32839

Name and Title: Lorraine Cramer / Sec.

Address: 1904 Onaka Dr
Orlando, FL 32839

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

 Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Michelle Pink
 Address: 2009 Oraka Dr
Orlando FL 32839

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle Pink
 Address: 2009 Oraka Dr
Orlando, FL 32839

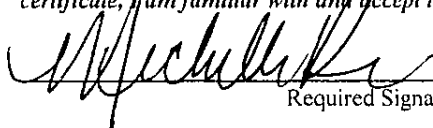
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature of Registered Agent

4-19-2017
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


 Required Signature of Incorporator

4-19-2019
 Date