

N17000004237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

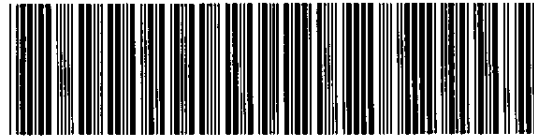
(Business Entity Name)

(Document Number)

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## 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

mrs.pinky67@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:

Mailing address, if different is:

2009 Onaka Drive  
Orlando, FL 32839

**ARTICLE III PURPOSE**

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

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Annual Election

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DIVISION OF CORPORATIONS  
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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michelle Pink / President

Name and Title: Mark Harris / V. Pres

Address: 2009 Onaka Dr  
Orlando FL 32839

Address: 3521 Hopi Dr  
Orlando, FL 32839

Name and Title: Karen Hout / Treasurer

Name and Title: Lorraine Cramer / Sec.

Address: 2219 Moho Dr  
Orlando FL 32839

Address: 1904 Onaka Dr  
Orlando, FL 32839

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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 Onaka Dr

Orlando, FL 32839

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michelle Pink

Address: 2009 Onaka 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*

Michelle Pink  
Required Signature of Registered Agent

4-19-2019  
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.*

Michelle Pink  
Required Signature of Incorporator

4-19-2019  
Date

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