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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20952** **(0)**

1. Corporation Name

LAKESHORE/HEATHER LAKE AT THE MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
220 CONGRESS PARK DR SUITE 200 DELRAY BEACH FL 33445	220 CONGRESS PARK DR SUITE 200 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 25-0945921	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ST JOHN & KING
500 AUSTRALIAN AVE SOUTH
SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PD	☒ Change ☐ Addition
NAME	SCHARPS, MARK	12 NAME	ERSTLING, ROBERT	
STREET ADDRESS	10 MSITY MEADOW DR.	13 STREET ADDRESS	47 HEATHER COVE DR. S.	
CITY-ST-ZIP	BOYNTON BCH. FL	14 CITY-ST-ZIP	BOYNTON BEACH, FL.	
TITLE	VP	21 TITLE	SD	☒ Change ☐ Addition
NAME	ERSTLING, ROBERT	22 NAME	MALDONADO, DONNA	
STREET ADDRESS	47 HEATHER COVE DR., S.	23 STREET ADDRESS	33 HEATHER COVE DR.,S.	
CITY-ST-ZIP	BOYNTON BCH. FL	24 CITY-ST-ZIP	BOYNTON BEACH, FL.	
TITLE	V	31 TITLE	VD	☒ Change ☐ Addition
NAME	MALDONADO, DONNA	32 NAME	POPIEL, ROBERT	
STREET ADDRESS	33 HEATHER COVE DR., S.	33 STREET ADDRESS	38 MISTY MEADOW DR.	
CITY-ST-ZIP	BOYNTON BCH. FL	34 CITY-ST-ZIP	BOYNTON BEACH, FL.	
TITLE	T	41 TITLE	TD	☒ Change ☐ Addition
NAME	POPIEL, ROBERT	42 NAME	IRWIN, ROD	
STREET ADDRESS	38 MISTY MEADOW DR.	43 STREET ADDRESS	37 MISTY MEADOWS DR.	
CITY-ST-ZIP	BOYNTON BCH. FL	44 CITY-ST-ZIP	BOYNTON BEACH, FL.	
TITLE	S	51 TITLE	VP	☒ Change ☐ Addition
NAME	RYAN, ROSEMARY	52 NAME	WHITELY, HAZELTON	
STREET ADDRESS	28 HEATHER COVE DR.	53 STREET ADDRESS	8 HEATHER TRACE DR.	
CITY-ST-ZIP	BOYNTON BCH. FL	54 CITY-ST-ZIP	BOYNTON BEACH, FL.	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E. Popiel 1st. V.P. 3/31/95 (407) 741-9657
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT E. POPIEL

0012909