FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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~~ 130 DELRAY BEACH FL 33445	220 CONGRESS PARK DR SUITE ~~200~~ 130 DELRAY BEACH FL 33445

3. Date Incorporated or Qualified: 06/03/1987
3a. Date of Last Report: 05/01/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ST JOHN & KING
500 AUSTRAILIAN 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 617.0502 and 617.1508, 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	ERSTLING, ROBERT		1.2 NAME	ERSTLING, ROBERT	
STREET ADDRESS	47 SOUTH HEATHER COVE DR		1.3 STREET ADDRESS	47 SOUTH HEATHER COVE DRIVE	
CITY-ST-ZIP	BOYNTON BCH. FL		1.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	SD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	MALDONADO, DONNA		2.2 NAME	TORRISI, SANDRA	
STREET ADDRESS	33 S HEATHER COVE DR		2.3 STREET ADDRESS	67 HEATHER COVE DRIVE	
CITY-ST-ZIP	BOYNTON BCH. FL		2.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	VD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	POPIEL, ROBERT		3.2 NAME	LEARY, LISA	
STREET ADDRESS	38 MISTY MEADOW DR		3.3 STREET ADDRESS	29 MISTY MEADOW DRIVE	
CITY-ST-ZIP	BOYNTON BCH. FL		3.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	TD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	IRWIN, ROD		4.2 NAME	LEARY, LISA	
STREET ADDRESS	37 MISTY MEADOWS DR		4.3 STREET ADDRESS	29 MISTY MEADOW DRIVE	
CITY-ST-ZIP	BOYNTON BCH. FL		4.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	VP	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WHITELY, HAZELTON		5.2 NAME	BROWN, EARL	
STREET ADDRESS	8 HEATHER TRACE DR		5.3 STREET ADDRESS	47 MISTY MEADOW DRIVE	
CITY-ST-ZIP	BOYNTON BCH. FL		5.4 CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	ASHWORTH, JERRY	
STREET ADDRESS			6.3 STREET ADDRESS	27 HEATHER COVE DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BOYNTON BEACH, FL	

CR2E037 (12/95)

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)(k), 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 this 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: Sandra Torrisi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #