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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33445-4605

3. Date Incorporated or Qualified: 06/03/1987
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business	2a. Mailing Address
21 Lakeshore/Heatherlake HOA	26 Lakeshore/Heatherlake
Suite, Apt. #, etc. 22 P.O. Box 4225	Suite, Apt. #, etc. 27 P.O. Box 4225
City & State 23 Boynton Beach Fla	City & State 28 Boynton Bch. Fla.
Zip 24 33424 Country 25 USA	Zip 29 33424 Country 30 USA

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	10. Name and Address of New Registered Agent
ST JOHN & KING 500 AUSTRAILIAN AVE SOUTH SUITE 600 WEST PALM BEACH FL 33401	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		☐ Change ☐ Addition
NAME	ERSTLING, ROBERT		1.2 NAME		
STREET ADDRESS	47 SOUTH HEATHER COVE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TORRISI, SANDRA		2.2 NAME		
STREET ADDRESS	67 HEATHER COVE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEARY, LISA		3.2 NAME		
STREET ADDRESS	29 MISTY MEADOW DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEARY, LISA		4.2 NAME		
STREET ADDRESS	29 MISTY MEADOW DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, EARL		5.2 NAME		
STREET ADDRESS	47 MISTY MEADOW DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ASHWORTH, JERRY		6.2 NAME		
STREET ADDRESS	27 HEATHER COVE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 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: Robert C Erstling REQUIRED 1-20-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0043177