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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
LAKESHORE HEATHERLAKE HOA P O BOX 4225 BOYNTON BCH FL 33434 US	LAKESNOREL HEATHERLAKE P O BOX 4225 BOYNTON BCH FL 33424 US

3. Date Incorporated or Qualified: 06/03/1987

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Assoc. Prop. Mgmt	26 Assoc. Prop. Mgmt.
22 Suite, Apt. #, etc. 400 S. Dixie Hwy. #10	27 Suite, Apt. #, etc. 400 S. Dixie Hwy. #10
23 City & State Lake Worth, FL	28 City & State Lake Worth, FL
24 Zip 33460 25 Country USA	29 Zip 33460 30 Country USA

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: Associated Property Management
82 Street Address (P.O. Box Number is Not Acceptable): 400 South Dixie Hwy, #40
83
84 City: Lake Worth FL 85 Zip Code: 33460

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: [signature] [signature] 2/24/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Wagner, Joann	
STREET ADDRESS	~~47 SOUTH HEATHER COVE DR~~		1.3 STREET ADDRESS	49 Misty meadow Drive	
CITY-ST-ZIP	~~BOYNTON BCH. FL~~		1.4 CITY-ST-ZIP	Boynt. Bch, FL 33462	
TITLE	~~VPD~~	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	~~TORRISI, SANDRA~~		2.2 NAME	Smith, Vicky	
STREET ADDRESS	~~67 HEATHER COVE DRIVE~~		2.3 STREET ADDRESS	56 Misty Meadow Drive	
CITY-ST-ZIP	~~BOYNTON BCH. FL~~		2.4 CITY-ST-ZIP	Boynt. Bch, FL 33462	
TITLE	~~TD~~	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	~~LEARY, LISA~~		3.2 NAME	Hovan, Sandra	
STREET ADDRESS	~~29 MISTY MEADOW DR~~		3.3 STREET ADDRESS	33 Misty Meadow Drive	
CITY-ST-ZIP	~~BOYNTON BCH. FL~~		3.4 CITY-ST-ZIP	Boynt. Beach, FL 33462	
TITLE	~~SD~~	☐ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	~~LEARY, LISA~~		4.2 NAME	Brown, Nina	
STREET ADDRESS	~~29 MISTY MEADOW DR~~		4.3 STREET ADDRESS	47 Misty Meadow Drive	
CITY-ST-ZIP	~~BOYNTON BCH. FL~~		4.4 CITY-ST-ZIP	Boynt Beach, FL 33462	
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 (10/97)

14. I 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: Sandra Hovan 2/23/98