2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90057 017 ****61.25

DOCUMENT # N20952

1. Entity Name: LAKESHORE/HEATHERLAKE @ THE MEADOWS HOMEOWNERS

Principal Place of Business

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY. #10
LAKE WORTH FL 33460
US

Mailing Address

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY. #10
LAKE WORTH FL 33460-4455
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O GMS MGT	C/O GMS MGT
Suite, Apt. #, etc.: 3900 WOODLAKE BLVD #201	Suite, Apt. #, etc.: 3900 WOODLAKE BLVD #201
City & State: LAKE WORTH FL	City & State: LAKE WORTH FL
Zip: 33467 Country: USA	Zip: 33467 Country: USA

4. FEI Number: ~~65-0047089~~ ~~25-0845921~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HIGHWAY, #10 LAKE WORTH FL 33460	Name: Patti Hadler Ladwig Street Address (P.O. Box Number is Not Acceptable): 1 Wellington Country Plaza Suite 1312 12765 W. Forest Hill Blvd. City: Wellington FL Zip Code: 33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Patti Hadler Ladwig — Patti Hadler Ladwig — 4/11/00

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAGNER, JOANN 49 MISTY MEADOW DRIVE BOYNTON BCH. FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, V Porcelli, Lori 68 Heather Cove Drive Boynton Beach, Fl 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, VICKY 56 MISTY MEADOW DRIVE BOYNTON BCH. FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, V Soloman, Howard 1 Heather Trace Drive Boynton Beach, Fl. 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOVAN, SANDRA 33 MISTY MEADOW DRIVE BOYNTON BCH. FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, P Erstling, Robert 47 Heather Cove Drive Boynton Beach, Fl 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, NINA 47 MISTY MEADOW DRIVE BOYNTON BCH. FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, T Gail, Christopher 2 Misty Laurel Circle Boynton Beach, Fl 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRWIN, ROD 37 MISTY MEADOW DR BOYNTON BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Sec Ashworth, Jerry 37 Heather Cove Drive Boynton Beach, Fl 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #