

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-25-2002 90118 025 ****61.25

DOCUMENT # N20952

1. Entity Name

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

Principal Place of Business

Mailing Address

GRS MGT
 3900 WOODLAKE BLVD #201
 LAKE WORTH FL 33467
 US

GRS MGT
 3900 WOODLAKE BLVD #201
 LAKE WORTH FL 33467
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0047089

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

LADWIG, PATTI HEIDER
 WELLINGTON COUNTRY PLAZA STE-1312
 12765 W FOREST HILL BLVD
 WELLINGTON, FL 32414

Name

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

City

FL

Zip Code

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

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: **VPD PRES**
 NAME: **GRANKOW, DOUGLAS**
 STREET ADDRESS: **18 HEATHER COVE DRIVE**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

TITLE: **HILLARY ACHMAN-SBC**
 NAME: **21 HEATHER COVE DR.**
 STREET ADDRESS: **BOYNTON BEACH, FL 33436**
 CITY-ST-ZIP: **(SD)**

TITLE: **PD TREA**
 NAME: **SOLOMON, HOWARD**
 STREET ADDRESS: **1 HEATHER TRACE DR**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

TITLE: **TD**
 NAME: **Solomon, Howard**
 STREET ADDRESS: **1 Heather Trace Drive**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

TITLE: **STD V.P.**
 NAME: **BROWN, EARL**
 STREET ADDRESS: **47-MISTY-MEADOW DRIVE**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

TITLE: **VPD**
 NAME: **BROWN, EARL**
 STREET ADDRESS: **47-Misty-Meadow Drive**
 CITY-ST-ZIP: **Boynton Beach, FL 33436**

TITLE: **D**
 NAME: **GALL, CHRISTOPHER**
 STREET ADDRESS: **7 MISTY LAUREL CIRCLE**
 CITY-ST-ZIP: **BOYNTON BEACH FL 33436**

TITLE: **President (D)**
 NAME: **Grankow, Douglas**
 STREET ADDRESS: **18 Heather Cove Drive**
 CITY-ST-ZIP: **BOYNTON BEACH, FL 33436**

TITLE:
 NAME:
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 CITY-ST-ZIP:

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TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

Daytime Phone #

CR2E037 (9/01)