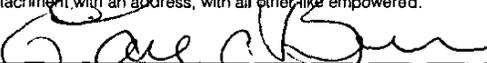


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90103 004 \*\*\*\*61.25

<b>DOCUMENT # N20952</b>			
1. Entity Name LAKESHORE/HEATHER LAKE AT THE MEADOWS HOMEOWNERSASSOCIATION, INC.			
Principal Place of Business % GRS MGT 3900 WOODLAKE BLVD #201 LAKE WORTH, FL 33467 US		Mailing Address % 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
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: Robert Burr Street Address (P.O. Box Number is Not Acceptable): 3300 PGA Blvd Ste 970 4th Floor City: Palm Beach Gardens FL Zip Code: 33410	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE:  Signature, typed or printed name of registered agent and date if applicable		DATE: January 23, 2004 NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD NAME: ASHMAN, HILLARY STREET ADDRESS: 21 HEATHER COVE DR. CITY-ST-ZIP: BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE: STD NAME: Ashman, Hillary STREET ADDRESS: 21 Heather Cove Dr. CITY-ST-ZIP: Boynton Bch, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SOLOMON, HOWARD STREET ADDRESS: 1 HEATHER TRACE DRIVE CITY-ST-ZIP: BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Solomon, Howard STREET ADDRESS: 1 Heather Trace Dr. CITY-ST-ZIP: Boynton Bch, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: BROWN, EARL STREET ADDRESS: 47 MISTY MEADOW DRIVE CITY-ST-ZIP: BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE: D NAME: Brusick, Ed STREET ADDRESS: 45 Misty Meadow Dr. CITY-ST-ZIP: Boynton Beach, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: GRANKON, DOUGLAS STREET ADDRESS: 18 HEATHER COVE DRIVE CITY-ST-ZIP: BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CATALAND, BONITO STREET ADDRESS: 51 MISTY MEADOW DR CITY-ST-ZIP: BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: EARL BROWN - 20-25 64 Daytime Phone #: 1-258	