2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90224 021 ****61.25

DOCUMENT # N20952

1. Entity Name
LAKESHORE/HEATHER LAKE AT THE MEADOWS HOMEOWNERSASSOCIATION, INC.

14006830

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

01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463	G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463

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
BURR, ROBERT 3300 PGA BLVD STE 970 4TH FLOOR PALM BEACH GARDENS, FL 33410	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ASHMAN, HILLARY 21 HEATHER COVE DR. BOYNTON BEACH, FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PRZYBYSZEWSKI, Douglas 16 Misty Laurel Cir Boynton Beach, FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOLOMON, HOWARD 1 HEATHER TRACE DRIVE BOYNTON BEACH, FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Solomon, Howard 1 Heather Trace Dr. Boynton Bch, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BROWN, EARL 47 MISTY MEADOW DRIVE BOYNTON BEACH, FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUSICK, ED 45 MISTY MEADOW DR BOYNTON BEACH, FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Brusick, Edward 45 Misty Meadow Dr. Boynton Beach, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CATALAND, BONITO 51 MISTY MEADOW DR BOYNTON BEACH, FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Cataland, Bonito 51 Misty Meadow Dr. Boynton Bch, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Muller, Reinhard 19 Heather Cove Dr. Boynton Bch, FL 33436	☐ Change ☒ 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: Edward C Brusick 25 MAR 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #