2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90224 021 ****61.25

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1. Entity Name

LAKESHORE/HEATHER LAKE AT THE MEADOWS HOMEOWNERSASSOCIATION, INC.



Principal Place of Business % GRS MGT

3900 WOODLAKE BLVD #201

Mailing Address

% GRS MGT

3900 WOODLAKE BLVD #201

| LAKE WORTH | 1, FL 33467 US | LAKE WORTH, FL 3346 | 7 US | | 1011 01117 101 05014 01011 01011 01014 01011 BITSTUR OT 1001 | | |
|--|--|--|-----------------------------------|--|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| | IAGEMENT ASSOCIATES, INC. ODLAKE BLVD. SUITE 309 | G.R.S. MANAGEMENT / 3900 WOODLAKE B | • | 01052005 Chg-t | NP CR2E037 (10/03) | | |
| | E WORTH, FL 33463 | EAKEWORTH | , FL 33463 | 4. FEI Number 65-0047089 | Applied For Not Applicable | | |
| Zìp | Country | Zip | Country | 5. Certificate of Status | S Desired S \$8.75 Additional Fee Required | | |
| | 6. Náme and Address of Current | Registered Agent | Ĭ | 7. Name and Address | s of New Registered Agent | | |
| | · · · · | _ | Name | | | | |
| BURR, ROBERT 3300 PGA BLVD STE 970 4TH FLOOR | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | |
| PALM BEA | ACH GARDENS, FL 33410 | | | | | | |
| | | | City | | FL Zip Code | | |
| | named entity submits this statement fo tions of registered agent. | r the purpose of changing its r | egistered office or regist | ered agent, or both, in the | State of Florida. I am familiar with, and accept | | |
| SIGNATURE . | | | | | | | |
| JIGIAN ONE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Agent signature requir | ed when reinstating) | DATE | | |
| | Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Cam Trust Fund Co | , | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State | | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | ADDITIONS/CHANGES 1 | TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | STD | Delete | TITLE VP | | ☐ Change 🛣 Addition | | |
| NAME | ASHMAN, HILLARY | • | NAME O | 5 YBYSZI | EUSKI, Douglas | | |
| STREET ADORESS | 21 HEATHER COVE DR. | | STREET ADDRESS | mistular | 7. (6 (, t, | | |
| CITY-ST-ZIP | BOYNTON BEACH EL 33436 | | CITY-ST-ZIP | * ~7~ ** | 20 CL EV 33436 | | |

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| TITLE | STD | Delete | TITLE | VPI | | ☐ Change 💢 Addition |
| NAME | ASHMAN, HILLARY | , | NAME | 100 - | 5 4 BYS7 | ZEWSKI, Douglas |
| STREET ADORESS | 21 HEATHER COVE DR. | | STREET ADDRESS | 1,40 | 5 Stull | well at |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | | CITY-ST-ZIP | B 0 | unten | Beach, FL 33436 |
| TITLE | PD | Delete | TITLE | TD |) | Change Addition |
| NAME | SOLOMON, HOWARD | V \ | NAME | 50 | lomon, | Howard Dr. |
| STREET ADDRESS | 1 HEATHER TRACE DRIVE | | STREET ADDRESS | I H | eather | Trace Di |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | | CITY-ST-ZIP | 30 | ynton | BUL, FL 33436 |
| TITLE | VPD | Deleta | TITLE | | , | ☐ Change ☐ Addition |
| NAME | BROWN, EARL | • • | NAME | | | |
| STREET ADDRESS | 47 MISTY MEADOW DRIVE | | STREET ADDRESS | | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | · | CITY-ST-ZIP | | | |
| TITLE | D | Delete | TITLE | 62 | . 1 | Change Addition |
| NAME | BRUSICK, ED | <i>^</i> | NAME | Ba | 151CK, t | meadow Dr. |
| STREET ADDRESS | 45 MISTY MEADOW DR | | STREET ADDRESS | 147 | mistu | meadow Dr. |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | | CITY-ST-ZIP . | 136 | un tor | Beach, FL 33451 |
| TURLE | D | Delete | TITLE | <u> </u> | >, , | Change 🗆 Addition |
| NAME | CATALAND, BONITO | | NAME | 7/0 | ta lan | o Benito. |
| STREET ADDRESS | 51 MISTY MEADOW DR | | STREET ADDRESS | | mistu | Meadows |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33436 | | CITY-ST-ZIP | Tro | unton | Bch, FL 33436 |
| FITLE | | ☐ Delete | TITLE | D. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Change Addition |
| NAME | | | NAME | Mu | iller, R | einhard. |
| STREET ADDRESS | | | STREET ADDRESS | 19 1 | 4ea the | x Cove Dr. |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ₩ | ynton | Bch, PL 33436 |

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.

| SIG | ANA | TUI | RE: |
|-----|-----|-----|-----|
| | | | - |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 MAR OS Date

Daytime Phone #