2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N20952

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

Current Principal Place of Business:

% GRS MGT ASSOCIATES, INC.
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

% GRS MGT ASSOCIATES, INC.
3900 WOODLAKE BLVD, SUITE 309
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0047089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JAY S P.A.
3300 PGA BLVD
STE 530
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BRUSICK, ED	
Address:	45 MISTY MEADOW DR	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	CATALAND, BONITO	
Address:	51 MISTY MEADOW DR	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	VP	( ) Delete
Name:	MULLER, RHEINHARDT	
Address:	19 HEATNER COVE DR.	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	ST	( ) Delete
Name:	CAMPLIN, DUSTIN	
Address:	15 MISTY MEADOW DR.	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	D	( ) Delete
Name:	LUCENDA, JOHN	
Address:	4 MISTY LAUREL DR	
City-St-Zip:	BOYNTON BEACH, FL 33436	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KIRSTIN, WALONOSKI	
Address:	40 MISTY MEADOW DRIVE	
City-St-Zip:	BOYNTON BEACH, FL 33436	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED BURSICK PRES 04/20/2009

Electronic Signature of Signing Officer or Director — Date