


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90152 050 ****70.00

DOCUMENT # N34108

1. Entity Name
LAKE SHORE HILLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
3112 SANDY CIR.
HAINES CITY, FL 33844 US

Mailing Address
3112 SANDY CIR.
HAINES CITY, FL 33844 US



2. Principal Place of Business
3106 SANDY CIR.
 Suite, Apt. #, etc.

3. Mailing Address
3106 SANDY CIR.
 Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State
HAINES CITY FL

City & State
HAINES CITY FL

Zip
33844 Country
US

Zip
33844 Country
US

4. FEI Number
65-0035724

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GALLUCCI N, CINDY L
3112 SANDY CIR.
HAINES CITY, FL 33844

7. Name and Address of New Registered Agent

Name
NANCY L. MONTGOMERY

Street Address (P.O. Box Number is Not Acceptable)
3106 SANDY CIR.

City
HAINES CITY FL Zip Code
33844

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: *Nancy L. Montgomery* (**NANCY L. MONTGOMERY**) SECRETARY 4-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated.) 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 PD CHAPPELL, DALE STREET ADDRESS 3107 SANDY CIR CITY-ST-ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME P/D - SARA CHAPPELL STREET ADDRESS 3107 SANDY CIR. CITY-ST-ZIP HAINES CITY FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD CARPENTER, PAUL STREET ADDRESS 3113 SANDY CIR CITY-ST-ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME V/D - DAVID POWERS STREET ADDRESS 3108 SANDY CIR. CITY-ST-ZIP HAINES CITY FL 33844	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME SD GALLUCCI, CINDY L STREET ADDRESS 3112 SANDY CIR CITY-ST-ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete	TITLE NAME T - SAMANTHA TEMPLES STREET ADDRESS 3110 SANDY CIR. CITY-ST-ZIP HAINES CITY FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME S/P - NANCY MONTGOMERY STREET ADDRESS 3106 SANDY CIR. CITY-ST-ZIP HAINES CITY FL 33844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME D - HANK W. TEMPLES STREET ADDRESS 3110 SANDY CIR. CITY-ST-ZIP HAINES CITY FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME D - Mac MCBRYAR STREET ADDRESS 3112 SANDY CIR. CITY-ST-ZIP HAINES CITY FL 33844	<input type="checkbox"/> Change <input checked="" 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: *Nancy L. Montgomery* **NANCY L. MONTGOMERY**, Secretary, 4-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-422-0289