

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90203 028 \*\*\*\*61.25

UBR 1 2003

**DOCUMENT # N34108**

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



Principal Place of Business  
**3108 SANDY CIRCLE  
HAINES CITY FL 33844  
US**

Mailing Address  
**3108 SANDY CIRCLE  
HAINES CITY FL 33844  
US**

2. Principal Place of Business  
**3112 SANDY CIR**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.


City & State  
**HAINES CITY FL**

City & State

Zip  
**33844** Country  
**POIK**

Zip Country

4014773



CHECK HERE IF MAKING CHANGES

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

**BARNES, LAURIE J  
3108 SANDY CIRCLE  
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name **CINDY L. GALLUCCI**

Street Address (P.O. Box Number is Not Acceptable)  
**3112 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 **Cindy L. Gallucci** DATE **4/20/03**

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

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SWAGGER, DAROLD 3105 SANDY CIRCLE HAINES CITY FL 33844</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WATERS, LYNDALYNDA 3118 DAVILANE STREET HAINES CITY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BARNES LAURIE J 3108 SANDY CIRCLE HAINES CITY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Jimmy HAIFORD 3110 SANDY CIR HAINES CITY FL 33844</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CINDY L. GALLUCCI 3112 SANDY CIR HAINES CITY FL 33844</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **Cindy L. Gallucci** DATE: **4/20/03** PHONE: **863-422-6759**

Signature and typed or printed name of signing officer or director Date

CR2E037 (10/02)