

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90126 023 ****61.25

DOCUMENT #N41639																																																																																																																													
1. Entity Name LAKESHORE VILLAGE GARAGE OWNERS ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 3240 CARDINAL DR VERO BEACH, FL 32963 US			Mailing Address 3240 CARDINAL DR VERO BEACH, FL 32963 US																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		4. FEI Number 65-0263549																																																																																																																									
Zip		Country		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																																																																																																																										
TURNER, MICHELLE 3240 CARDINAL DR VERO BEACH, FL 32963			Name MICHELLE TURNER Street Address (P.O. Box Number is Not Acceptable) 4007 N A1A City PORT PIERCE																																																																																																																										
			FL Zip Code 34715																																																																																																																										
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 <u>MICHELLE TURNER</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																													
Filing Fee is \$91.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P BONEBRAKE, ROBERT</td> <td style="width: 30%; padding: 2px;">☐ Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">S FRANCIS CAZIANO</td> <td style="width: 30%; padding: 2px;">☐ Change ☒ Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">3351 TWIN LAKES TERR # 104</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">3351 TWIN LAKES TERRACE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">FORT PIERCE, FL 34949</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">FT. PIERCE, FL 34949</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VP</td> <td style="padding: 2px;">☒ Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BANKS, BRYAN</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">3351 TWIN LAKES TERR., #104</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">FORT PIERCE, FL 34951</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">ST</td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">DEROSS, JOSEPH</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">3500 TWIN LAKES TERR, #204</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">FORT PIERCE, FL 34951</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;">☐ Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	P BONEBRAKE, ROBERT	☐ Delete	TITLE	S FRANCIS CAZIANO	☐ Change ☒ Addition	STREET ADDRESS	3351 TWIN LAKES TERR # 104		STREET ADDRESS	3351 TWIN LAKES TERRACE		CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FT. PIERCE, FL 34949		TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition	NAME	BANKS, BRYAN		NAME			STREET ADDRESS	3351 TWIN LAKES TERR., #104		STREET ADDRESS			CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP			TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	DEROSS, JOSEPH		NAME			STREET ADDRESS	3500 TWIN LAKES TERR, #204		STREET ADDRESS			CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Francis Caziano</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													
4/28/08 772-466-5702 Date Daytime Phone #																																																																																																																													