

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90022 022 ****61.25

DOCUMENT # N96000003400

1. Corporation Name

Lake Shore Village Neighborhood Association, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 1860 Old Okeechobee Rd. 26 1860 Old Okeechobee Rd.

6-24-96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☒ Applied For
☐ Not Applicable

22 #511

27 #511

59-3502114

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 West Palm Beach, FL

28 West Palm Beach, FL

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33409

25 U.S.A.

29 33409

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME Manuel Rodriguez

1.2 NAME

STREET ADDRESS 1860 Old Okeechobee Rd. #511

1.3 STREET ADDRESS

CITY-ST-ZIP West Palm Beach, FL 33409

1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME Anthony Collaro

2.2 NAME

STREET ADDRESS 1860 Old Okeechobee Rd. #511

2.3 STREET ADDRESS

CITY-ST-ZIP West Palm Beach, FL 33409

2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME Derek McKelvey

3.2 NAME

STREET ADDRESS 1860 Old Okeechobee Rd. #511

3.3 STREET ADDRESS

CITY-ST-ZIP West Palm Beach, FL 33409

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME Harry Heithaus

4.2 NAME

STREET ADDRESS 1860 Old Okeechobee Rd. #511

4.3 STREET ADDRESS

CITY-ST-ZIP West Palm Beach, FL 33409

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)