

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000003400	
1. Entity Name LAKE SHORE VILLAGE NEIGHBORHOOD ASSOCIATION, INC.	
Principal Place of Business 901 NORTHPOINT PKWY #108 WEST PALM BEACH, FL 33407	Mailing Address 901 NORTHPOINT PKWY #108 WEST PALM BEACH, FL 33407



FILED

05 SEP 20 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business Regal Management Inc. 4524 Gun Club Rd. Suite 105 West Palm Beach, FL 33415	3. Mailing Address Regal Management Inc. 4524 Gun Club Rd. Suite 105 West Palm Beach, FL 33415
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08292005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3502114	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIR STE 1102 MIAMI, FL 33134	7. Name and Address of New Registered Agent Regal Management Inc. 4524 Gun Club Rd. Suite 105 West Palm Beach, FL 33415 FL Zip Code
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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 *Paul K. Brown* DATE 9/15/05

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

Amended AR is \$81.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNOWLES, LAVERIA 5676 LAKESHORE VILLAGE CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, KIM 5561 LAKE SHORE VILLAGE CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLARO, ANTHONY 5609 LAKE SHORE VILLAGE CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOOMBERG, DAVID 5652 LAKESHORE VILLAGE CIRCLE LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *[Signature]* **Date:** 9/14/05 **Daytime Phone #:** 561 596-3587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR