

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90192 045 \*\*\*\*61.25

**DOCUMENT # N96000003400**



1. Entity Name  
**LAKE SHORE VILLAGE NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business  
**C/O REGAL MANAGEMENT INC.  
4524 GUN CLUB RD., STE. 105  
WEST PALM BEACH, FL 33415**

Mailing Address  
**C/O REGAL MANAGEMENT INC.  
4524 GUN CLUB RD., STE. 105  
WEST PALM BEACH, FL 33415**

**50001630**



2. Principal Place of Business  
**C/O CAMS PUB, Inc.**

3. Mailing Address  
**C/O CAMS PUB, Inc.**

Suite, Apt. #, etc.  
**4524 GUN CLUB RD #105**

Suite, Apt. #, etc.  
**4524 GUN CLUB RD #105**

City & State  
**WPB 21**

City & State  
**WPB 21**

Zip  
**33415**

Country

Zip  
**33415**

Country

0112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3502114**

Applied For  
Not Applicable

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

**REGAL MANAGEMENT INC.  
4524 GUN CLUB RD., STE. 105  
WEST PALM BEACH, FL 33415**

Name  
**KIM FOOSE**

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

**C/O CAMS PUB INC**

**4524 GUN CLUB RD STE 105**

City

FL

Zip Code

**33415**

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

*Kim Foose* **Kim Foose, president CAMS PUB, Inc. 1/31/06**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
**P  
KNOWLES, LAVERIA  
5676 LAKESHORE VILLAGE CIRCLE  
LAKE WORTH, FL 33463** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BROWN, KIM  
5561 LAKE SHORE VILLAGE CIRCLE  
LAKE WORTH, FL 33463** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COLLARO, ANTHONY  
5609 LAKE SHORE VILLAGE CIRCLE  
LAKE WORTH, FL 33463** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BLOOMBERG, DAVID  
5652 LAKESHORE VILLAGE CIRCLE  
LAKE WORTH, FL 33463** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Bengtson, Nicole  
5558 Lake Shore Village Circle  
Lake Worth, FL 33463** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Silverman, Stephen  
5645 Lake Shore Village Cir.  
Lake Worth, FL 33463** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kim Foose* **2/27/06**

Date

Daytime Phone #