

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003400

FILED
Jan 22, 2009
Secretary of State

Entity Name: LAKE SHORE VILLAGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O CAMS PLUS, INC
4524 GUN CLUB RD., STE. 105
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

C/O CAMS PLUS, INC
4524 GUN CLUB RD., STE. 105
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 59-3502114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOOSE, KIM
C/O CAMS PLUS, INC.
4524 GUNS CLUB RD STE 105
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AHKE, DOREEN
Address: 5603 LAKE SHORE VILLAGE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: P () Delete
Name: BROWN, KIM
Address: 5561 LAKE SHORE VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: T () Delete
Name: KURTZ, ALAN
Address: 5568 LAKE SHORE VILLAGE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: BLOOMBERG, DAVID
Address: 5652 LAKESHORE VILLAGE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: S (X) Delete
Name: SILVERMAN, STEPHEN
Address: 5645 LAKE SHORE VILLAGE CIR
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: AHKE, DOREEN
Address: 5603 LAKE SHORE VILLAGE CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM BROWN

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date