

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90127 022 ****61.25

DOCUMENT # **N96000003400**

1. Entity Name
LAKE SHORE VILLAGE NEIGHBORHOOD ASSOCIATION, INC



Principal Place of Business

~~1860 OLD OKEECHOBEE RD.~~
~~#510~~
~~WEST PALM BEACH FL 33409~~

Mailing Address

~~1860 OLD OKEECHOBEE RD.~~
~~#510~~
~~WEST PALM BEACH FL 33409~~

2. Principal Place of Business

901 Northpoint Pkwy
Suite, Apt. #, etc.
108
City & State
WPB, FL

3. Mailing Address

901 Northpoint Pkwy
Suite, Apt. #, etc.
108
City & State
WPB, FL



☒ CHECK HERE IF MAKING CHANGES

Zip
33407

Country
US

Zip
33407

Country
US

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

SKRLD, INC.
201 ALHAMBRA CIR
STE 1102
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	VD	<input type="checkbox"/> Delete
NAME	HEITHAUS, HARRY	
STREET ADDRESS	1860 OLD OKEECHOBEE RD. #511	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MANUEL	
STREET ADDRESS	1860 OLD OKEECHOBEE RD. #511	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BARCH, MICHAEL	
STREET ADDRESS	1860 OLD OKEECHOBEE RD. # 510	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heithaus	
STREET ADDRESS	901 Northpoint Pkwy #108	
CITY-ST-ZIP	WPB, FL 33407	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez	
STREET ADDRESS	901 Northpoint Pkwy #108	
CITY-ST-ZIP	WPB, FL 3340	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barch	
STREET ADDRESS	901 Northpoint Pkwy	
CITY-ST-ZIP	WPB, FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: **2/03**