

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005758 1. Entity Name NORTHSHORE AT LAKE LIZZIE COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 4646 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34746	Mailing Address 4646 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34746
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DO NOT WRITE IN THIS SPACE



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3540128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLAMAN, ROBERT A
4646 W IRLO BRONSON MEM HWY
KISSIMMEE, FL 34796

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SLAMAN, ALLEN I 4646 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SLAMAN, ROBERT A 4646 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD OSBORN, MICHAEL S 4646 W. IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE, FL 34746
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U00000266155
03/17/05-80018-023 61.25

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IN THIS SPACE**

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 officers empowered.

SIGNATURE: *Robert A. Slaman, V.P.* 2/28/2005 (407)376-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #