


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State


DOCUMENT # N98000005758

1. Entity Name
 NORTHSHORE AT LAKE LIZZIE COMMUNITY ASSOCIATION, INC.



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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03182008 No Chg-NP CR2E037 (4/06)

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

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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 _____ 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, 2008

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

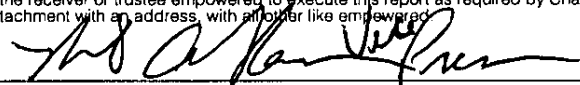
10. OFFICERS AND DIRECTORS

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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 05/30/08-80027-010 61.25

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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 employment.

SIGNATURE:  3/18/08 (407) 396-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #