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**Apr 29, 1999 8:00 am**
**Secretary of State**
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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # N98000006191**

1. Corporation Name
LAKESHORE ESTATES UNIT 10 HOMEOWNER'S ASSOCIATIO N, INC.

543408 - 90002 - 26

| Principal Place of Business | Mailing Address |
|---|---|
| ~~7118 BEECH RIDGE TRAIL~~ ~~TALLAHASSEE FL 32312~~ | ~~7118 BEECH RIDGE TRAIL~~ ~~TALLAHASSEE FL 32312~~ |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2930 Wellington Cir. South | 26 2930 Wellington Cir. South |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 Suite 101 | 27 Suite 101 |
| City & State | City & State |
| 23 Tallahassee, FL | 28 Tallahassee, FL |
| Zip / Country | Zip / Country |
| 24 32308 25 USA | 29 32308 30 USA |

3. Date Incorporated or Qualified: 10/29/1998

4. FEI Number: APPLIED FOR ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~CONNER, MARK A~~
~~7118 BEECH RIDGE TRAIL~~
~~TALLAHASSEE FL 32312~~

10. Name and Address of New Registered Agent

81 Name: James F. Heidenreich
82 Street Address (P.O. Box Number is Not Acceptable): 2930 Wellington Circle South
83: Suite 101
84 City: Tallahassee FL 85 Zip Code: 32308

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | President - Director<br>James F. Heidenreich<br>2930 Wellington Circle South, Ste. 101<br>Tallahassee, FL 32308 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Treasurer - Director<br>Robert E. Maloney, Jr.<br>2930 Wellington Circle So., Ste. 101<br>Tallahassee, FL 32308 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Secretary - Director<br>Judy C. Williams<br>2930 Wellington Circle So., Ste. 101<br>Tallahassee, FL 32308 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED James F. Heidenreich, President 4/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #