

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90296 006 \*\*\*\*61.25

**DOCUMENT # N98000006840**

1. Entity Name  
**LAKESHORE RANCH HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**C/O MC NEIL MANAGEMENT SERVICES, INC.  
P O BOX 6235  
BRANDON, FL 33508 US**

Mailing Address  
**C/O MC NEIL MANAGEMENT SERVICES, INC.  
P O BOX 6235  
BRANDON, FL 33508 US**



2. Principal Place of Business  
**1463 Oakfield Dr.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 141**

Suite, Apt. #, etc.

City & State  
**Brandon FL**

City & State

Zip  
**33511**

Country

Zip

Country

04052005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3584922**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**THE TROWBRIDGE COMPANY, INC.  
3421 VALLEY RANCH DRIVE  
LUTZ, FL 33548**

7. Name and Address of New Registered Agent

Name **Robert T Tankel PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1022 Main Street**  
**Suite D**  
City **Dunedin** **FL** Zip Code **34698**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, BETTY L	
STREET ADDRESS	1004 LAKE SHORE RANCH DRIVE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, NANCY	
STREET ADDRESS	1002 HARVEST MOON DRIVE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GRIMSLEY, RUTH	
STREET ADDRESS	926 LAKE SHORE RANCH DR	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, BILL	
STREET ADDRESS	1444 LAKE SHORE RANCH DR.	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUSE, JOANNA	
STREET ADDRESS	146 LAKE SHORE RANCH DR.	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merritt Drouillard	
STREET ADDRESS	1042 Lakeshore Ranch Dr.	
CITY-ST-ZIP	Seffner FL 33584	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sean O'Neill	
STREET ADDRESS	1310 Lakeshore Ranch Dr.	
CITY-ST-ZIP	Seffner FL 33584	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa O'Neill	
STREET ADDRESS	1310 Lakeshore Ranch Dr.	
CITY-ST-ZIP	Seffner FL 33584	
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		

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:**

*Joanna Warren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 18, 2005*  
Date

Daytime Phone #