


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90097 002 \*\*\*\*61.25

<b>DOCUMENT # N98000006840</b> 1. Entity Name <b>LAKESHORE RANCH HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1463 OAKFIELD DR SUITE 141 BRANDON, FL 33511 US</b>			Mailing Address <b>C/O MC NEIL MANAGEMENT SERVICES, INC. P O BOX 6235 BRANDON, FL 33508 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1463 Oakfield Dr.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Ste 142</b>			
City & State <b>Brandon FL</b>		City & State <b>Brandon FL</b>			
Zip <b>33511</b>	Country <b>US</b>	Zip <b>33511</b>	Country <b>US</b>	4. FEI Number <b>59-3584922</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TANKEL, ROBERT 1022 MAIN ST SUITE D DUNEDIN, FL 34698</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DROUILLARD, MERRITT 1042 LAKESHORE RANCH DR SEFFNER, FL 33584</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D O'NEILL, SEAN 1310 LAKESHORE RANCH DR SEFFNER, FL 33584</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S O'NEILL, THERESA 1310 LAKESHORE SEFFNER, FL 33584</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MCCLANAHAN, JOE 1443 LAKESHORE RANCH DR SEFFNER, FL 33584</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GOODRICH, GARY 1407 LAKESHORE RANCH DR SEFFNER, FL 33584</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete			
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 empowered.			_____		
<b>SIGNATURE: Gary A Goodrich</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>1-26-2007</b> Date		<b>813-680-175</b> Daytime Phone #