2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2019
Secretary of State
2270763213CC

DOCUMENT# N20952

Entity Name: LAKESHORE/HEATHER LAKE AT THE MEADOWS HOMEOWNERSASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
LAKE WORTH, FL 33467

Current Mailing Address:

C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
LAKE WORTH, FL 33467 US

FEI Number: 65-0047089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE LAW GROUP
2500 N. MILITARY TRAIL
SUITE 283
BOCA RATON, FL 33431 US

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.

SIGNATURE: JAY LEVINE 03/29/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	KLOSKOWSKI, LISA	Name	CATALANO, BENITO
Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F	Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	SECRETARY	Title	VP
Name	WILLIAMS, JUTTA	Name	DAVISON, MELISSA
Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F	Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA KLOSKOWSKI PRESIDENT 03/29/2019

Electronic Signature of Signing Officer/Director Detail — Date