

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723412 (3)

1. Corporation Name

LAKESHORE TOWER ONE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**117 COUNTRY CLUB DR. A-800
LAKE PLACID FL 33852-0201**

**117 COUNTRY CLUB DR. A-800
LAKE PLACID FL 33852-0201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1972

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1682681

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANSON, CORBETT
117 COUNTRY CLUB DR. A-800
LAKE PLACID FL 33852**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD
NAME	COX, Y.L.
STREET ADDRESS	117 COUNTRY CLUB DR. 601
CITY-ST-ZIP	LAKE PLACID FL
TITLE	D
NAME	PARIS, WILLIAM
STREET ADDRESS	117 COUNTRY CLUB DR #702
CITY-ST-ZIP	LAKE PLACID FL 33852
TITLE	SD
NAME	ADAMS, DALE
STREET ADDRESS	117 COUNTRY CLUB DR #402
CITY-ST-ZIP	LAKE PLACID FL
TITLE	D
NAME	GUNN, JOHN
STREET ADDRESS	117 COUNTRY CLUB DR, #703
CITY-ST-ZIP	LAKE PLACID FL
TITLE	PD
NAME	MCKISSICK, H.
STREET ADDRESS	117 COUNTRY CLUB DR #702
CITY-ST-ZIP	LAKE PLACID FL
TITLE	D
NAME	HART, SAMUEL
STREET ADDRESS	117 COUNTRY CLUB DR, #204
CITY-ST-ZIP	LAKE PLACID FL

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	D. L. VANDERMER
1.3 STREET ADDRESS	117 COUNTRY CLUB DR, #804
1.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	D. LEE BURNS
4.3 STREET ADDRESS	117 COUNTRY CLUB DR, #304
4.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Nancy L. McKissick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95
DATE

465-5252
TELEPHONE #