

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 723412

1. Entity Name
LAKE SHORE TOWER ONE ASSOCIATION, INC.



Principal Place of Business
**117 COUNTRY CLUB DR. A-800
LAKE PLACID, FL 33852-9201**

Mailing Address
**117 COUNTRY CLUB DR. A-800
LAKE PLACID, FL 33852-9201**



03062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1682681

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALEXANDER, JEWELL
117 COUNTRY CLUB DR.
LAKE PLACID, FL 33852**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000853932

03/26/08-80066-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, WAYNE
STREET ADDRESS	117 COUNTRY CLUB DR 702
CITY- ST- ZIP	LAKE PLACID, FL 33852
TITLE	VP
NAME	GLASPAY, BEVERLY
STREET ADDRESS	117 COUNTRY CLUB 102
CITY- ST- ZIP	LAKE PLACID, FL 33852
TITLE	EDT
NAME	VINSON, BETTY
STREET ADDRESS	117 COUNTRY CLUB DR., #504
CITY- ST- ZIP	LAKE PLACID, FL
TITLE	D
NAME	SHAFER, GEORGE
STREET ADDRESS	117 COUNTRY CLUB DR 801
CITY- ST- ZIP	LAKE PLACID, FL 33852
TITLE	P
NAME	ALEXANDER, JEWELL
STREET ADDRESS	117 COUNTRY CLUB DRIVE 802
CITY- ST- ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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

SIGNATURE: *Betty S. Vinson* **Betty S. Vinson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-08 **863-465-0237**

Date Daytime Phone #