

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

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90045 036 ****61.25

DOCUMENT # 745162

1. Entity Name
**BAYSHORE ON THE LAKE CONDOMINIUM
APARTMENTS, PHASE II, OWNERS ASSOCIATION, INC.**



Principal Place of Business
**3519 LAKE BAYSHORE DR
BRADENTON, FL 34205**

Mailing Address
**4301 32ND ST. W.
A-20
BRADENTON, FL 34205**



01232008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1957373

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C & S CONDOMINIUM MANAGEMENT
4301 32ND ST. W.
STE A-20
BRADENTON, FL 34205**

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLAPSCHINSKI, HANS 3667 LAKE BAYSHORE DR BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, MYRA 3752 LAKE BAYSHORE DR., K-507 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEMMEL, JAY 3601 LAKE BAYSHORE DR., J-309 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRASCHAK, GERALD 3941 LAKE BAYSHORE DR. BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWKES, CHARLES 3526 LAKE BAYSHORE DR K114 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONDY, WILLIAM 3521 LAKE BAYSHORE DR BRADENTON, FL

**DO NOT WRITE
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:

Gordon Lemmel, Treasurer
GORDON LEMMEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/08

Daytime Phone #

941-752-1426