

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90200 033 ****61.25

DOCUMENT # 760053

1. Entity Name
LAKE SHORE COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**8200 LAKESHORE DR
HYPOLUXO FL 33462
US**

Mailing Address

**28 S. LAKESHORE DR
HYPOLUXO FL 33462
US**

2. Principal Place of Business

3. Mailing Address

28 South LAKESHORE Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2266198**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAAS, ROY H
8200 LAKESSHORE DRIVE
#101
LAKE WORTH FL 33462**

Name

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

8200 LAKESHORE DRIVE

City

FL

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.

Lakeshore Colony Condominium Assn, Inc

SIGNATURE

BY: Roy Haas

AS: VP/D

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TINGLE, GARY 6300 RIVERSIDE DR. EAST WINDSOR, ONTARIO N8-3189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAAS, ROY H 8200 LAKESHORE DR #101 HYPOLUXO FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTY, EDWARD 8200 LAKESHORE DR #308 HYPOLUXO FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PARILLO, ANTHONY 8200 LAKESHORE DR., #307 HYPOLUXO FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, LINDA 8250 LAKESHORE DR, #205 HYPOLUXO FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD KAY R. REKSTENWALD 8200 LAKESHORE DRIVE #302 HYPOLUXO, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE VIEIRA 8200 LAKESHORE DRIVE #508 HYPOLUXO FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature of Roy Haas

4/9/03

576 540 9456

CR2E037 (10/02)