

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00888 (0)**  
1. Corporation Name  
**LAKESHORE OF CHARLOTTE COUNTY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**25225 RAMPART BLVD. #1200  
PT. CHARLOTTE FL 33983**

Mailing Address  
**25225 RAMPART BLVD. #1200  
PT. CHARLOTTE FL 33983**



2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip  
28 Country

3. Date Incorporated or Qualified  
**01/12/1984**

4. FEI Number  
**59-2482054**

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**LE DONNE, SAL  
25225 RAMPART BLVD. #2101  
PT. CHARLOTTE FL 33983**

10. Name and Address of New Registered Agent  
81 Name  
**JOHN MYERS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**25225 RAMPART BLVD. #1607**  
83  
84 City  
**PT. CHARLOTTE** **FL** 85 Zip Code  
**33983**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  DATE **3/25/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DINKELMANN, DONALD	
STREET ADDRESS	5200 FORBES TERR	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, MARJORY	
STREET ADDRESS	25225 RAMPART BLVD #1403	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENNELLA, FLORENCE	
STREET ADDRESS	25225 RAMPART BLVD #1908	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MYERS, JOHN	
STREET ADDRESS	25225 RAMPART BLVD. #1607	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHAEFER, EPHRAIM	
STREET ADDRESS	25225 RAMPART BLVD. #401	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEORGE EFTHIMION	
2.3 STREET ADDRESS	25225 RAMPART BLVD. #101	
2.4 CITY-ST-ZIP	PORT CHARLOTTE	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:  DATE **3/25/98** (941) 625-1388

CR2E037 (10/97)