

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

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DOCUMENT # N00888

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

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/12/1984

4. FEI Number

59-2482054

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

9. Name and Address of Current Registered Agent

MYERS, JOHN
25225 RAMPART BLVD
SUITE 1607
PT. CHARLOTTE FL 33983

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/99

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DINKELMANN, DONALD

STREET ADDRESS 5290 FORBES TERR

CITY-ST-ZIP PT CHARLOTTE FL

TITLE ☒ DELETE

NAME EFTHIMION, GEORGE

STREET ADDRESS 25225 RAMPART BLVD. #101

CITY-ST-ZIP PORT CHARLOTTE FL

TITLE ☐ DELETE

NAME MENNELLA, FLORENCE

STREET ADDRESS 25225 RAMPART BLVD #1906

CITY-ST-ZIP PT. CHARLOTTE FL

TITLE ☐ DELETE

NAME MYERS, JOHN

STREET ADDRESS 25225 RAMPART BLVD. #1607

CITY-ST-ZIP PT. CHARLOTTE FL

TITLE ☐ DELETE

NAME SCHAEFER, EPHRAIM

STREET ADDRESS 25225 RAMPART BLVD. #401

CITY-ST-ZIP PT. CHARLOTTE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Signature of William Gatesman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Office President - 2/26/99 (940)
Date
625-1388
Daytime Phone #

CR2E037 (11/98)