

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00888

1. Entity Name

LAKEHORE OF CHARLOTTE COUNTY CONDOMINIUM ASSOCI

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90137 046 ****61.25

Principal Place of Business

Mailing Address

25225 RAMPART BLVD. #1200
PT. CHARLOTTE FL 33983

25225 RAMPART BLVD. #1200
PT. CHARLOTTE FL 33983-6406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2482054

Applied For

Not Applicable

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

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

Name

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

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DINKELMANN, DONALD
STREET ADDRESS 5290 FORBES TERR
CITY-ST-ZIP PT CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME GATESMAN, WILLIAM
STREET ADDRESS 1535 KING DRIVE
CITY-ST-ZIP BERKELEY IL 60163

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME MENNELLA, FLORENCE
STREET ADDRESS 25225 RAMPART BLVD #1906
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME MYERS, JOHN
STREET ADDRESS 25225 RAMPART BLVD. #1607
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SCHAEFER, EPHRAIM
STREET ADDRESS 25225 RAMPART BLVD. #401
CITY-ST-ZIP PT. CHARLOTTE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-04-2000

CR2E037 (9/99)