2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00888

FILED Apr 09, 2004 Secretary of State

Entity Name: LAKESHORE OF CHARLOTTE COUNTY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	MPART BLVD LOTTE, FL 3				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1601 W MARION AVENUE 203N			PO BOX 511232 PUNTA GORDA, FL	PO BOX 511232 PUNTA GORDA, FL 33951	
	ORDA, FL 33 : 59-2482054	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
		Current Registered Agent:		of New Registered Agent:	
	I, JAY ARION AVE 2 DRDA, FL 33				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	onic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRESTEL, GA 25225 RAMPA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DANTINO, MIC 25225 RAMPA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MENNELLA, F	ART BLVD #1906	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MATHEWS, P 25225 RAMP	ANT BLVD #205	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CASEY, ELSÌ 19 BIRCH STI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CARLSON, JA	ON AVE 203N	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY CARLSON AS 04/09/2004