



# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00888</b> 1. Entity Name <b>LAKE SHORE OF CHARLOTTE COUNTY CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>25225 RAMPART BLVD. PT. CHARLOTTE, FL 33983</b>	Mailing Address <b>25225 RAMPART BLVD. PT. CHARLOTTE, FL 33983</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
**07 JAN 18 AM 8:26**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
  
**REINSTATEMENT 07**

4. FEI Number <b>59-2482054</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
Name <b>Jean Greene</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>100 SULLIVAN ST</b>	
<b>STE 112</b>	
City <b>Punta Gorda</b>	FL Zip Code <b>33950</b>

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.

SIGNATURE *Joan Greene* **1-8-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, STEVE 25225 RAMPART BLVD. - 1002 PT. CHARLOTTE, FL 33983	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700086194737</b> <b>01/25/07--01009--019 **122.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROCKAFIELD, ROBERT 25225 RAMPART BLVD. - 1404 PT. CHARLOTTE, FL 33983	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENNELLA, FLORENCE 25225 RAMPART BLVD - 1906 PT. CHARLOTTE, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, LINDA 25225 RAMPART BLVD - 1807 PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D JANICE BROWN</b> <b>25225 RAMPART BLVD</b> <b>PUNTA GORDA FL 33983</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, ELSIE 25225 RAMPART BLVD. - 1205 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVER, JIM 25225 RAMPART BLVD. - 903 PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Stephen P...* **1/8/07** **9445754660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #