

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-26-2005 90162 043 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N05000003572

1. Entity Name
**OAKSHORES AT LEMON BAY CONDOMINIUM
 ASSOCIATION, INC.**



Principal Place of Business
**% ANDREW FRITSCH, ESQ
 2003 MAIN STREET., SUITE 600
 SARASOTA, FL 34237**

Mailing Address
**% ANDREW FRITSCH, ESQ
 2003 MAIN STREET., SUITE 600
 SARASOTA, FL 34237**

66020689



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

51-050-8718

Applied For

Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRITSCH, ANDREW K ESQ
 % ANDREW FRITSCH, ESQ
 2003 MAIN STREET., SUITE 600
 SARASOTA, FL 34237**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when refreshing)

DATE

Filing Fee is \$61.25
 Due by May 1, 2005

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME BUCHANAN, EDWARD
 STREET ADDRESS 707 S. WASHINGTON BOULEVARD
 CITY-STATE-ZIP SARASOTA, FL 34236

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

TITLE TD ☐ Delete
 NAME GRIFFIN, MACK W
 STREET ADDRESS 707 S. WASHINGTON BOULEVARD
 CITY-STATE-ZIP SARASOTA, FL 34236

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

TITLE VD ☐ Delete
 NAME REYNOLDS, PAUL G
 STREET ADDRESS 232 PEDRO STREET
 CITY-STATE-ZIP VENICE, FL 34285

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☒ Addition
 NAME AS
 STREET ADDRESS Sutton William
 CITY-STATE-ZIP 1801 Glenary Street
 Sarasota FL 34231

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Sutton 4/18/04 941-921-5393

Date

Daytime Phone #