

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N06437 (0)**

1. Corporation Name  
**LAKESHORE VILLAGE OF ST. CLOUD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**17 TENNESSEE AVENUE ST. CLOUD FL 34769 US**

3. Date incorporated or Qualified **12/03/1984** 3a. Date of Last Report **03/17/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 17 Tennessee Avenue 26 17 Tennessee Avenue**

4. FEI Number **59-2532586** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 City & State 27 City & State**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**23 St. Cloud, FL 28 St. Cloud, FL.**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24 34769 25 U.S.A. 29 34769 30 U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**ENGLEHART, ELWANA J  
17 TENNESSEE AVENUE  
ST. CLOUD FL 34769**

**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 *Elwana Englehart Treas/Dir.* **3-8-96**  
Signature, typed or printed name of registered agent and title (indicate). (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREGA, ROBERT	
STREET ADDRESS	9 TENNESSEE AVE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREGA, MARY	
STREET ADDRESS	9 TENNESSEE AVENUE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ENGLEHART, ELWANA J	
STREET ADDRESS	17 TENNESSEE AVENUE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HARTWIG, SHIRLEY	
STREET ADDRESS	19 TENNESSEE AVENUE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, FRED	
STREET ADDRESS	23 TENNESSEE AVENUE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LAYSON, TED	
STREET ADDRESS	19 TENNESSEE AVENUE	
CITY-ST-ZIP	ST. CLOUD FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD SIDES, BRENDA KAY
4.3 STREET ADDRESS	21 TENNESSEE AVENUE
4.4 CITY-ST-ZIP	ST. CLOUD, FL.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Elwana Englehart (TD)* **3-8-96** (407) 891-0060  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)