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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 17 TENNESSEE AVENUE, ST. CLOUD FL 34769, US
Mailing Address: 17 TENNESSEE AVENUE, ST. CLOUD FL 34769-2103, US

3. Date Incorporated or Qualified: 12/03/1984
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 28. Zip, 30. Country

4. FEI Number: 59-2532586
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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, 85. Zip Code (FL)

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 J. Englehart* TD DATE: Mar. 10, '97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GREGA, ROBERT	1.2 NAME	Brenda Kay Sides
STREET ADDRESS	9 TENNESSEE AVE	1.3 STREET ADDRESS	21 Tennessee Ave.
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE	SD	2.1 TITLE	SD
NAME	GREGA, MARY	2.2 NAME	Hazel Gillespie
STREET ADDRESS	9 TENNESSEE AVENUE	2.3 STREET ADDRESS	3 Tennessee Ave.
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE	TD	3.1 TITLE	TD
NAME	ENGLEHART, ELWANA J	3.2 NAME	Elwana J. Englehart
STREET ADDRESS	17 TENNESSEE AVENUE	3.3 STREET ADDRESS	17 Tennessee Ave
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE	VD	4.1 TITLE	VD
NAME	SIDES, BRENDA KAY	4.2 NAME	Barbara Myers
STREET ADDRESS	21 TENNESSEE AVENUE	4.3 STREET ADDRESS	1 Tennessee Ave
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.
Elwana J. Englehart m. 10 '97

CR2E037 (9/96)