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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06437

1. Corporation Name

LAKESHORE VILLAGE OF ST. CLOUD CONDOMINIUM ASSOCIATION, INC.

140833 90244 01 3 *

Principal Place of Business

Mailing Address

17 TENNESSEE AVENUE
ST. CLOUD FL 34769
US

17 TENNESSEE AVENUE
ST. CLOUD FL 34769
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/03/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2532586

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name JOHN HEFFERNAN

82 Street Address (P.O. Box Number is Not Acceptable)
23 TENNESSEE AVENUE

83

84 City ST. CLOUD, FL 85 Zip Code 34769

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 JOHN HEFFERNAN TD

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

(NOTE: Registered Agent Signature required when reinstating)

1/21/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHILDERS, EMILY
STREET ADDRESS 9 TENNESSEE AVE
CITY-ST-ZIP ST CLOUD FL 34769

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME CAIN, SARAH
STREET ADDRESS 5 TENNESSEE AVE
CITY-ST-ZIP ST. CLOUD FL 34769

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD
NAME HEFFERNAN, JOHN
STREET ADDRESS 23 TENNESSEE AVE
CITY-ST-ZIP ST CLOUD FL 34769

3.1 TITLE TD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME VISCONTI, CARMEN
STREET ADDRESS 613 W INDIANA
CITY-ST-ZIP DELAND FL 32720

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD
NAME ENGLEHART, ELWANA J
STREET ADDRESS 17 TENNESSEE AVE
CITY-ST-ZIP ST CLOUD FL 34769

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/99 872-1575

CR2E037 (11/98)