1/11/01-

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-11-2001 90009 044 ****61.25

DOCUMENT # N06437

1. Entity Name

LAKESHORE VILLAGE OF ST. CLOUD CONDOMINIUM ASSOC

Principal Place of Business	Mailing Address
5 TENNESSEE AVENUE ST. CLOUD FL 34769 US	P.O. BOX 701618 ST. CLOUD FL 34770-1618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
23 Tennessee Avenue Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, Fl	City & State
Zip: 34769 / Country: Osceola	Zip / Country

4. FEI Number 59-2532586 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAIN, SARAH 5 TENNESSEE AVENUE ST. CLOUD FL 34769	Name: Opal M. Bueno Street Address (P.O. Box Number is Not Acceptable): 23 Tennessee Avenue City: St. Cloud, Fl — FL — Zip Code: 34769

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.

SIGNATURE: Opal M. Bueno, Registered Agent — Opal M. Bueno — 1-23-01

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P/D NAME: CAIN, SARAH STREET ADDRESS: 5 TENNESSEE AVENUE CITY-ST-ZIP: ST. CLOUD FL 34769	XX Delete	TITLE: P/D NAME: Barbara Myers STREET ADDRESS: 1 Tennessee Avenue CITY-ST-ZIP: St. Cloud, Fl 34769	XX Change ☐ Addition
TITLE: V/D NAME: MYERS, BARBARA STREET ADDRESS: 1 TENNEESSEE AVE CITY-ST-ZIP: ST. CLOUD FL 34769	XX Delete	TITLE: V/D NAME: Marion Coughtry STREET ADDRESS: 3 Tennsessee Avenue CITY-ST-ZIP: St. Cloud, Fl 34769	XX Change ☐ Addition
TITLE: T/D NAME: BUENO, OPAL STREET ADDRESS: 23 TENNESSEE AVE CITY-ST-ZIP: ST CLOUD FL 34769	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: S/D NAME: HARTWIG, SHIRLEY STREET ADDRESS: 19 TENNESSEE AVE CITY-ST-ZIP: ST. CLOUD FL 34769	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

12. 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 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: Opal M. Bueno, Registered Agent — 1-5-01 — (407)891-9619

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

CR2E037 (10/00)