

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90314 030 ****61.25

CR 3014

DOCUMENT # N06437

1. Entity Name

LAKESHORE VILLAGE OF ST. CLOUD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**23 TENNESSEE AVENUE
 ST. CLOUD FL 34769
 US**

**P.O. BOX 701618
 ST. CLOUD FL 34770-1618**

2. Principal Place of Business

23 Tennessee Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 701618

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Cloud, FL

City & State

St. Cloud, FL

4. FEI Number

59-2532586

Applied For

Not Applicable

Zip

34769

Country

Osceola

Zip

34770-1618

Country

Osceola

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAIN, SARAH
 23 TENNESSEE AVENUE
 ST. CLOUD FL 34769**

7. Name and Address of New Registered Agent

Name

Opal M. Bueno

Street Address (P.O. Box Number is Not Acceptable)

23 Tennessee Ave.

Opal M. Bueno

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.

Opal M. Bueno, Treasurer

SIGNATURE

Opal M. Bueno, Treasurer

1-22-02

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** Delete
 NAME **MYERS, BARBARA**
 STREET ADDRESS **1 TENNESSEE AVENUE**
 CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/D** Delete
 NAME **COUGHTRY, MARION**
 STREET ADDRESS **3 TENNESSEE AVENUE**
 CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T/D** Delete
 NAME **BUENO, OPAL**
 STREET ADDRESS **23 TENNESSEE AVE**
 CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/D** Delete
 NAME **HARTWIG, SHIRLEY**
 STREET ADDRESS **19 TENNESSEE AVE**
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Opal M. Bueno, Treasurer
Opal M. Bueno, Treasurer

1-22-02 (407) 891-9619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)