

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

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		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State		4. FEI Number <b>59-2532586</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BUENO, OPAL M</b> <b>23 TENNESSEE AVENUE</b> <b>ST. CLOUD FL 34769</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYERS, BARBARA	NAME	 02/03/05-80102-014 61.25		
STREET ADDRESS	1 TENNESSEE AVENUE	STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD FL 34769	CITY-ST-ZIP			
TITLE	V/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COUGHTRY, MARION	NAME			
STREET ADDRESS	3 TENNESSEE AVENUE	STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD FL 34769	CITY-ST-ZIP			
TITLE	T/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUENO, OPAL	NAME			
STREET ADDRESS	23 TENNESSEE AVE	STREET ADDRESS			
CITY-ST-ZIP	ST CLOUD FL 34769	CITY-ST-ZIP			
TITLE	S/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARTWIG, SHIRLEY	NAME			
STREET ADDRESS	19 TENNESSEE AVE	STREET ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL 34769	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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(9)(f), 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 empowerment.

SIGNATURE: *Opal M. Bueno, Treasurer*  
**OPAL M. BUENO, TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-1-05 (407) 891-9619*  
Date Telephone #