


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90203 046 ****61.25

DOCUMENT # N06437 1. Entity Name LAKESHORE VILLAGE OF ST. CLOUD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 17 TENNESSEE AVE. ST. CLOUD, FL 34769 US		Mailing Address P.O. BOX 701618 ST. CLOUD, FL 34770-1618			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02292008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2532586	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DETWEILER, KAREN H 17 TENNESSEE AVE. ST. CLOUD, FL 34769				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 <i>Karen H. Detweiler</i>		<i>Karen H. Detweiler</i>		<i>2-28-08</i>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
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			
STREET ADDRESS	1 TENNESSEE AVENUE	STREET ADDRESS			
CITY-ST-ZIP	SAINT CLOUD, FL 34769	CITY-ST-ZIP			
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DETWEILER, KAREN	NAME	<i>S/T/D Detweiler, Karen</i>		
STREET ADDRESS	17 TENNESSEE AVENUE	STREET ADDRESS	<i>17 Tennessee Ave</i>		
CITY-ST-ZIP	SAINT CLOUD, FL 34769	CITY-ST-ZIP	<i>St. Cloud, FL 34769</i>		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARTWIG, SHIRLEY	NAME	<i>V/O Blackburn, Bonita</i>		
STREET ADDRESS	19 TENNESSEE AVENUE	STREET ADDRESS	<i>7 Tennessee Ave</i>		
CITY-ST-ZIP	SAINT CLOUD, FL 34769	CITY-ST-ZIP	<i>St. Cloud, FL 34769</i>		
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			
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 exemptions contained in Chapter 119, 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: <i>Karen H. Detweiler</i>		<i>Karen H. Detweiler</i>		<i>2-28-08 260-668-9804</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>Daytime Phone #</small>	