

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06437

FILED
May 01, 2010
Secretary of State

Entity Name: LAKESHORE VILLAGE OF ST. CLOUD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17 TENNESSEE AVE.
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 701618
ST. CLOUD, FL 347701618

New Mailing Address:

FEI Number: 59-2532586 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DETWEILER, KAREN H
17 TENNESSEE AVE.
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: MYERS, BARBARA
Address: 1 TENNESSEE AVENUE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: STD
Name: DETWEILER, KAREN H
Address: 17 TENNESSEE AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VPD
Name: BLACKBURN, BONITA
Address: 7 TENNESSEE AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN H. DETWEILER

MRS.

05/01/2010

Electronic Signature of Signing Officer or Director

Date