

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06437

FILED  
Apr 04, 2012  
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 ( )

**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

Title: O/D  
Name: JASMINE, MELISASA E  
Address: 23 TENNESSEE AVE  
City-St-Zip: ST. 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

STD

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date