

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90244 018 ****61.25

DOCUMENT # N06437



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

Principal Place of Business
**23 TENNESSEE AVENUE
ST. CLOUD FL 34769
US**

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

2. Principal Place of Business
23 Tennessee Ave.

3. Mailing Address
P.O. Box 701618

Suite, Apt. #, etc.

City & State
St. Cloud, Fl

City & State
St. Cloud, Fl

Zip Country
34769 Osceola

Zip Country
34770-1618 Osceola

4. FEI Number **59-2532586**

Applied For
 Not Applicable

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.

City State Zip Code
St. Cloud, Fl 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Opal M. Bueno, Treasurer* **Opal M. Bueno, Treasurer** DATE **2-10-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MYERS, BARBARA 1 TENNESSEE AVENUE SAINT CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D COUGHTRY, MARION 3 TENNESSEE AVENUE SAINT CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BUENO, OPAL 23 TENNESSEE AVE ST CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HARTWIG, SHIRLEY 19 TENNESSEE AVE ST. CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Opal M. Bueno, Treasurer* **OPAL M. BUENO, TREASURER** DATE: **2-10-03** (407) 891-9619

CR2E037 (10/02)