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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15969 (1)
1. Corporation Name
LAKESHORE 5 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1270 SOUTH FRANKLIN AVE. HOMESTEAD FL 33034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/21/1986	3a. Date of Last Report 04/15/1994
4. FEI Number 59-2720239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent KALLICHE, ANTHONY A. PZCKER, POLIAKOFF & STREITFELD PA 6161 BLUE LAGOON DR., SUITE 250 MIAMI FL 33126				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	NATTO, MARYLOU 1085 MAYFLOWER AVE MELBOURNE FL	1.1 TITLE S/D	Heller, John 840 G So. Independence Homestead, FL 33034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	LIMZAK, KEITH 14032 S LIBERTY HOMESTEAD FL	2.1 TITLE V/D	Hebert, Ron 18840 S.W. 308 St. Homestead, FL 33030 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	KUMZAK, BETH 1403 L SOUTH LIBERTY HOMESTEAD FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PT	NATTO, MERLYN 1085 MAYFLOWER AVE MELBOURNE FL	4.1 TITLE F/D	Meskill, Joe 800 C So. Independence Homestead, FL 33034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	MESKILL, JOE 800 C SO. INDEPENDENCE HOMESTEAD FL	5.1 TITLE T/D	Klimzak, Keith 1403 L So. Liberty Homestead, FL 33034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 TITLE	
TITLE		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 2-6-95 305 245 0593