

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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**      **1270 SOUTH FRANKLIN AVE. HOMESTEAD FL 33034**

3. Date Incorporated or Qualified **07/21/1986**      3a. Date of Last Report **03/01/1995**  
4. FEI Number **59-2720239**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. City & State  
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**KALLICHE, ANTHONY A.  
BECKER, POLIAKOFF & STREITFELD PA  
6161 BLUE LAGOON DR., SUITE 250  
MIAMI FL 33126**

10. Name and Address of New Registered Agent  
81. Name **KALLICHE, ANTHONY A.**  
82. Street Address (P.O. Box Number is Not Acceptable) **BECKER & POLIAKOFF, P.A.**  
83. **5201 BLUE LAGOON DR., SUITE 100**  
84. City **MIAMI** FL 85. Zip Code **33126**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD HELLER, JOHN 840 G. SO INDEPENDENCE HOMESTEAD FL	1.1 TITLE	VD Korbecki, Waldemar 840 C S. Independence Homestead, FL 33034
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD HEBERT, RON 18840 SW 308 ST HOMESTEAD FL	2.1 TITLE	SD Hebert, Ron 18840 S.W. 308 St. Homestead, FL 33030
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D KLIMZAK, BETH 1403 L SOUTH LIBERTY HOMESTEAD FL	3.1 TITLE	D Coleman, David 1403 C So. Liberty Ave. Homestead, FL 33034
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD MESKILL, JOE 800 C. S. INDEPENDENCE HOMESTEAD FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD KLIMZAK, KEITH 1403 L. S. LIBERTY HOMESTEAD FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]      4-4-96      305 245 0993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)