

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15969 (1)
1. Corporation Name
LAKESHORE 5 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1270 SOUTH FRANKLIN AVE. HOMESTEAD FL 33034	Mailing Address 1270 SOUTH FRANKLIN AVE. HOMESTEAD FL 33034-3608
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 22. City & State	27 27. City & State
23 23. Zip Country	28 28. Zip Country
24 24. Zip Country	30 30. Zip Country

3. Date Incorporated or Qualified 07/21/1986	3a. Date of Last Report 04/16/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KALLICHE, ANTHONY A.
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR. SUITE 100
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 FL 85 Zip Code

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KORBECKI, WALDEMAR 840 C.S. INDEPENDENCE HOMESTEAD FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEBERT, RON 18840 SW 308 ST HOMESTEAD FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, DAVID 1403 C. SO. LIBERTY AVE. HOMESTEAD FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESKILL, JOE 800 C. S. INDEPENDENCE HOMESTEAD FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLIMZAK, KEITH 1403 L. S. LIBERTY HOMESTEAD FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hebert, Ron
2.3 STREET ADDRESS	27235 S.W. 168 Ave.
2.4 CITY-ST-ZIP	Homestead, FL. 33031
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Coleman, David
3.3 STREET ADDRESS	1403C SO. Liberty Ave.
3.4 CITY-ST-ZIP	Homestead, FL. 33034
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	O'Donnell, Patricia Hart
4.3 STREET ADDRESS	1303C S. Liberty Ave
4.4 CITY-ST-ZIP	Homestead, FL. 33034
5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dorner, Edna
5.3 STREET ADDRESS	800 F SO, Independence Dr.
5.4 CITY-ST-ZIP	Homestead, FL. 33034
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)