

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

**FILED**

**Apr 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15969 (1)**  
 Corporation Name  
**LAKESHORE 5 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1270 SOUTH FRANKLIN AVE. HOMESTEAD FL 33034</b>	Mailing Address <b>1270 SOUTH FRANKLIN AVE. HOMESTEAD FL 33034</b>
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3. Date Incorporated or Qualified <b>07/21/1986</b>	
4. FEI Number <b>59-2720239</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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**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	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	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>HEBERT, RON</b>	
STREET ADDRESS	<b>27235 S. W. 168 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>COLEMAN, DAVID</b>	
STREET ADDRESS	<b>1403 C. SO. LIBERTY AVE.</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ODONNELL, PATRICIA H.</b>	
STREET ADDRESS	<b>1303 C LIBERTY AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DORNER, EDNA</b>	
STREET ADDRESS	<b>800 F. SO. INDEPENDENCE DR.</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HEBERT, RON</b>
1.3 STREET ADDRESS	<b>27235 S.W. 168 AVE</b>
1.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33034</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>O. DONNELL, PATRICIA H.</b>
3.3 STREET ADDRESS	<b>1303 C S. LIBERTY AVE</b>
3.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33034</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DORNER, EDNA</b>
4.3 STREET ADDRESS	<b>800 F. S. INDEPENDENCE DR.</b>
4.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33034</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>LISK, ALOYSIUS</b>
5.3 STREET ADDRESS	<b>840 J S. INDEPENDENCE DR.</b>
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33034</b>
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 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

**SIGNATURE:** *David Coleman* **David Coleman 14 April 98 305-247-1692**

CR2E037 (10/97)