

FILED
Jul 29, 1999 8:00 am
Secretary of State

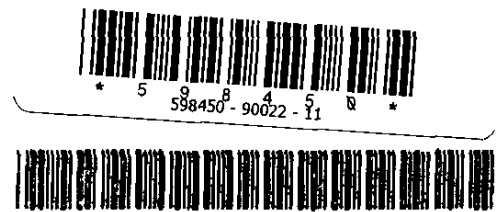
07-29-1999 90022 011 ****61.25

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$91.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15969
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



2. Principal Place of Business
2a. Mailing Address
3. Date incorporated or Qualified
07/21/1988
4. FEI Number
59-2720239
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution

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

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.

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like HEBERT, RON; COLEMAN, DAVID; O'DONNELL, PATRICIA H.; DORNER, EDNA; LISK, ALOYSIUS.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date