

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90054 011 ****61.25

DOCUMENT # N15969

1. Entity 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 33034-3608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2720239

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALICHE, ANTHONY A.
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DR. SUITE 100
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity 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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D**
HEBERT, RON
 STREET ADDRESS **27235 S. W. 168 AVE**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE Change Addition
 NAME **SD**
Hebert, Ron
 STREET ADDRESS **27235 S W 168 Ave.**
 CITY-ST-ZIP **HOMESTEAD FL 33031**

TITLE Delete
 NAME **PD**
COLEMAN, DAVID
 STREET ADDRESS **1403 C. SO. LIBERTY AVE.**
 CITY-ST-ZIP **HOMESTEAD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
ODONNELL, PATRICIA H.
 STREET ADDRESS **1303 C LIBERTY AVE**
 CITY-ST-ZIP **HOMESTEAD FL 33034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
LISK, ALOYSIUS
 STREET ADDRESS **840-J S INDEPENDENCE DR**
 CITY-ST-ZIP **MIAMI FL 33034**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SD**
Hart, Alice
 STREET ADDRESS **800 J Independence Dr**
 CITY-ST-ZIP **HOMESTEAD FL 33034**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 Feb 2000 305-247-167