

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90169 044 ****61.25

DOCUMENT # N15969

Entity Name

LAKESHORE 5 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KALLICHE, 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

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	SD	<input type="checkbox"/> Delete
NAME	HEBERT, RON	
STREET ADDRESS	27235 S. W. 168 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, DAVID	
STREET ADDRESS	1403 C. SO. LIBERTY AVE.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ODONNELL, PATRICIA H.	
STREET ADDRESS	1303 C LIBERTY AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LISK, ALOYSIUS	
STREET ADDRESS	840-J S INDEPENDENCE DR	
CITY-ST-ZIP	MIAMI FL 33034	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTOFFERSON, HAROLD	
STREET ADDRESS	1303 K S LIBERTY AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOFFERSON, H.W.	
STREET ADDRESS	1303 K South Liberty Ave.	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLEMAN, DAVID	
STREET ADDRESS	1403 C South Liberty Ave	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *H.W. Christofferson* **H.W. Christofferson** **2-5-02** **305 247-4244 ext 247**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **2318**

CR2E037 (9/01)