
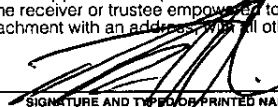


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90571 050 ****61.25

DOCUMENT # N15969					
1. Entity Name LAKESHORE 5 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1270 SOUTH FRANKLIN AVE. HOMESTEAD, FL 33034			Mailing Address %BSS&S CONDO DEPT. 9655 SOUTH DIXIE HWY, THIRD FLOOR MIAMI, FL 33156		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04072004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2720239	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BASS, MICHAEL ESQ. 8900 SW 107 STREET, SUITE 206 MIAMI, FL 33176-1451			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEBERT, RON		NAME	Thomas Oliver	
STREET ADDRESS	27235 S. W. 168 AVE		STREET ADDRESS	1303 G South Liberty Avenue	
CITY-ST-ZIP	HOMESTEAD, FL 33031		CITY-ST-ZIP	Homestead FL 33034	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, DAVID		NAME	DAVID Coleman	
STREET ADDRESS	1403 C SOUTH LIBERTY AVE		STREET ADDRESS	1403 C South Liberty Ave	
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP	Homestead FL 33034	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	NP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODONNELL, PATRICIA H.		NAME	MARCIA MAYNARD	
STREET ADDRESS	1303 C LIBERTY AVE		STREET ADDRESS	840 C Independence Drive	
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP	Homestead FL 33034	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISK, ALOYSIUS		NAME	Christina Figueroa	
STREET ADDRESS	840-J S INDEPENDENCE DR		STREET ADDRESS	800 K Independence Drive	
CITY-ST-ZIP	MIAMI, FL 33034		CITY-ST-ZIP	Homestead FL 33034	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOFFERSON, H.W.		NAME	CHRISTOFFERSON, H.W.	
STREET ADDRESS	1303 K SOUTH LIBERTY AVE		STREET ADDRESS	1303K South Liberty Ave	
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP	Homestead FL 33034	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Thomas J Oliver		4/21/04 3052451885	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	