


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90111 042 ****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

20033408



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03082005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 59-2720239

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, MICHAEL ESQ.
 8900 SW 107 STREET, SUITE 206
 MIAMI, FL 33176-1451

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$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 PD Delete
 NAME OLIVER, THOMAS
 STREET ADDRESS 1303 G SOUTH LIBERTY AVE
 CITY-ST-ZIP HOMESTEAD, FL 33034

TITLE SD Change Addition
 NAME Lisk, Aloysius
 STREET ADDRESS 840 J Independence Drive
 CITY-ST-ZIP Homestead, FL 33034

TITLE D Delete
 NAME COLEMAN, DAVID
 STREET ADDRESS 1403 C SOUTH LIBERTY AVE
 CITY-ST-ZIP HOMESTEAD, FL 33034

TITLE TD Change Addition
 NAME Coleman, David
 STREET ADDRESS 1403 C South Liberty Avenue
 CITY-ST-ZIP Homestead, FL 33034

TITLE V Delete
 NAME MAYNARD, MARCIA
 STREET ADDRESS 840 C INDEPENDENCE DR
 CITY-ST-ZIP HOMESTEAD, FL 33034

TITLE D Change Addition
 NAME Amador, Hermann
 STREET ADDRESS 1303 H South Liberty Avenue
 CITY-ST-ZIP Homestead, FL 33034

TITLE SD Delete
 NAME FIGUEROA, CHRISTINA
 STREET ADDRESS 800 K INDEPENDENCE DR
 CITY-ST-ZIP MIAMI, FL 33034

TITLE Change Addition

TITLE TD Delete
 NAME CHRISTOFFERSON, H.W.
 STREET ADDRESS 1303 K SOUTH LIBERTY AVE
 CITY-ST-ZIP HOMESTEAD, FL 33034

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: _____ DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR