

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90003 011 \*\*\*\*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

901422



04092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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: TD  
 NAME: COLEMAN, DAVID  Delete  
 STREET ADDRESS: 1403 C S LIBERTY AVE  
 CITY-ST-ZIP: HOMESTEAD, FL 33034

TITLE: TD  
 NAME: Coleman David  Change  Addition  
 STREET ADDRESS: 1403 S. Liberty Dr #C  
 CITY-ST-ZIP: Homestead, FL 33034

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

TITLE: P  
 NAME: MAYNARD, MARCIA  Change  Addition  
 STREET ADDRESS: 840 C INDEPENDENCE DR  
 CITY-ST-ZIP: HOMESTEAD, FL 33034

TITLE: VP  
 NAME: AMADOR, HERMAN  Delete  
 STREET ADDRESS: 1303 H S LIBERTY AVE  
 CITY-ST-ZIP: HOMESTEAD, FL 33034

TITLE: VP  
 NAME: AMADOR, HERMAN  Change  Addition  
 STREET ADDRESS: 1303 H S LIBERTY AVE  
 CITY-ST-ZIP: HOMESTEAD, FL 33034

TITLE: S  
 NAME: O'DONNELL, PATRICIA H  Delete  
 STREET ADDRESS: 1303C E LIBERTY AVE  
 CITY-ST-ZIP: HOMESTEAD, FL 33054

TITLE: S  
 NAME: O'DONNELL, PATRICIA H  Change  Addition  
 STREET ADDRESS: 1303C E LIBERTY AVE  
 CITY-ST-ZIP: HOMESTEAD, FL 33054

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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 exemptions contained in Chapter 119, 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: Marcia Maynard Marcia Maynard 6-1-07 3052857985  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #