


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90039 016 \*\*\*\*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

**50000811**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03132008 Chg-NP CR2E037 (12/06)

Zip Country Zip Country

4. FEI Number  
**59-2720239**

Applied For  
 Not Applicable

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

**8. 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, 2008**

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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	COLEMAN, DAVID	
STREET ADDRESS	1403 S. LIBERTY DR #C	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAYNARD, MARCIA	
STREET ADDRESS	840 C INDEPENDENCE DR	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	AMADOR, HERMAN	
STREET ADDRESS	1303 H S LIBERTY AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'DONNELL, PATRICIA H	
STREET ADDRESS	1303C E LIBERTY AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tulowiecki, Ragnare	
STREET ADDRESS	1303 S. Liberty Ave E	
CITY-ST-ZIP	Homestead, FL 33034	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. O'Donnell, Patricia	
STREET ADDRESS	1303 S. Liberty Ave C	
CITY-ST-ZIP	Homestead, FL 33034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia Hart O'Donnell* **March 14, 2008** 305-248-5489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #