

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15969

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** LAKESHORE 5 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1270 SOUTH FRANKLIN AVE.  
HOMESTEAD, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

%BSS&S CONDO DEPT.  
9655 SOUTH DIXIE HWY, THIRD FLOOR  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 59-2720239      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BASS, MICHAEL ESQ.  
8900 SW 107 STREET, SUITE 206  
MIAMI, FL 331761451 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: COLEMAN, DAVID  
Address: 1403 S. LIBERTY DR #C  
City-St-Zip: HOMESTEAD, FL 33034

Title: P ( ) Delete  
Name: H. O'DONNELL, PATRICIA  
Address: 1305 S LIBERTY AVE C  
City-St-Zip: HOMESTEAD, FL 33034

Title: S ( ) Delete  
Name: O'DONNELL, PATRICIA H  
Address: 1303C E LIBERTY AVE  
City-St-Zip: HOMESTEAD, FL 33054

Title: V[ ( ) Delete  
Name: TULOWIECKI, RAPUSE  
Address: 1303 S LIBERTY AVE I  
City-St-Zip: HOMESTEAD, FL 33034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: MAYNARD, MARCIA  
Address: 840 C INDEPENDANCE DRIVE  
City-St-Zip: HOMESTEAD, FL 33034

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TULOWIECKI, RAMUNE  
Address: 1303 S LIBERTY AVE I  
City-St-Zip: HOMESTEAD, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA MAYNARD

PD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date