

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15969

FILED
Mar 01, 2011
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:

1270 S. FRANKLIN AVENUE
HOMESTEAD, FL 33034

FEI Number: 59-2720239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Title: VP
Name: MAYNARD, MARCIA
Address: 840 C INDEPENDANCE DRIVE
City-St-Zip: HOMESTEAD, FL 33034

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

Title: S
Name: STEVENS, MICHAEL
Address: 800 INDEPENDENCE DR # C
City-St-Zip: HOMESTEAD, FL 33034

Title: PRES
Name: VIRUET, JAQUELINE
Address: 1403 S. LIBERTY AVENUE #J
City-St-Zip: HOMESTEAD, FL 33034

I hereby 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 all other like empowered.

SIGNATURE: MARCIA MAYNARD

VP

03/01/2011

Electronic Signature of Signing Officer or Director

Date