## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N15969**

1. Entity Name

## LAKESHORE 5 CONDOMINIUM ASSOCIATION, INC.



**FILED** 

Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90770 013 \*\*\*\*61.25

Principal Place of Business Mailing Address 1270 SOUTH FRANKLIN AVE. 1270 SOUTH FRANKLIN AVE. HOMESTEAD FL 33034 HOMESTEAD FL 33034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-2720239 City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KALLICHE, ANTHONY A. Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR. SUITE 100 MIAMI FL 33126 Zip Code City 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME HEBERT, RON NAME STREET ADDRESS STREET ADDRESS 27235 S. W. 168 AVE CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33031 Change Addition TITLE ☐ Delete TITLE COLEMAN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 1403 C SOUTH LIBERTY AVE CITY-ST-7IP CITY-ST-7IP HOMESTEAD FL 33034 Change ☐ Delete ☐ Addition TITLE TITLE ODONNELL, PATRICIA H. NAME NAME STREET ADDRESS STREET ADDRESS 1303 C LIBERTY AVE CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33034 TD ☐ Delete TITLE Change ☐ Addition LISK, ALOYSIUS NAME STREET ADDRESS 840-J S INDEPENDENCE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33034 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHRISTOFFERSON, H.W. NAME NAME STREET ADDRESS STREET ADDRESS 1303 K SOUTH LIBERTY AVE CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33034 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST=ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 reviewer 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 att h all other like empowered

SIGNATURE

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