

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760053 (9)

1. Corporation Name

LAKE SHORE COLONY NO. 1 CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

28 S LAKESHORE DR 13
HYPOLOYO FL 33462

28 S LAKESHORE DR 13
HYPOLOYO FL 33462



3. Date Incorporated or Qualified

09/16/1981

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARD, KAYE
8200 LAKESHORE DR 502
HYPOLOYO FL 33462

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Edward Kaye

(NOTE: Registered Agent signature required when reinstating)

1-22-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KAYE, EDWARD
STREET ADDRESS 8200 LAKESHORE DR 502
CITY-ST-ZIP HYPOLOYO, FL 00000

TITLE VD
NAME BRUNO, CARMINE
STREET ADDRESS 8200 LAKESHORE DR #203
CITY-ST-ZIP HYPOLOYO FL

TITLE TD
NAME KAZAKIS, ALEX
STREET ADDRESS 8200 LAKESHORE DR #103
CITY-ST-ZIP HYPOLOYO FL

TITLE SD
NAME COKER, DUDLEY
STREET ADDRESS 8200 LAKESHORE DR 308
CITY-ST-ZIP HYPOLOYO FL

TITLE D
NAME CTT, EDWARD
STREET ADDRESS 8200 LAKESHORE DR #108
CITY-ST-ZIP HYPOLOYO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward Kaye

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

407-586-6182

Daytime Phone

CR2E037 (12/95)