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FILED

Jan 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 760053 (9)

1. Corporation Name

LAKESHORE COLONY NO. 1 CONDOMINIUM ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

8200  
28 S LAKESHORE DR #10  
HYPOLUXO FL 33462  
X28 S LAKESHORE DR 13  
HYPOLUXO FL 33462-6074  
X3. Date Incorporated or Qualified  
09/16/19813a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 8200 LAKESHORE DR

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 HYPOLUXO27 City & State  
28 HYPOLUXO

24 Zip Country

29 Zip Country

4. FEI Number

59-2266198

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARD, KAYE  
8200 LAKESHORE DR 502  
HYPOLUXO 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 HYPOLUXO, FL 00000  
☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE VD  
NAME BRUNO, CARMINE  
STREET ADDRESS 8200 LAKESHORE DR #203  
CITY-ST-ZIP HYPOLUXO FL  
☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE D  
NAME GORTER, GEORGE  
STREET ADDRESS 8200 LAKESHORE DR #208  
CITY-ST-ZIP HYPOLUXO FL  
☒ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE SD  
NAME COKER, DUDLEY  
STREET ADDRESS 8200 LAKESHORE DR 308  
CITY-ST-ZIP HYPOLUXO FL  
☒ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE TD  
NAME OTT, EDWARD D  
STREET ADDRESS 8200 LAKESHORE DR., #108  
CITY-ST-ZIP HYPOLUXO FL  
☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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 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

Date

Daytime Phone # 0043716

CR2E037 (9/96)