2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-03-2001 90096 033 ****70.00

DOCUMENT # 760053

1. Entity Name

LAKESHORE COLONY NO. 1 CONDOMINIUM ASSOCIATION,

Principal Place of Business	Mailing Address
8200 LAKESHORE DR HYPOLUXO FL 33462 US	28 S. LAKESHORES DR HYPOLUXO FL 33462 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2266198 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAAS, ROY H 8200 LAKESSHORE DRIVE #101 LAKE WORTH FL 33462	Name RECKTENWALD, KAY R Street Address (P.O. Box Number is Not Acceptable) 8200 LAKESHORE DRIVE #302 City HYPOLUXO FL FL Zip Code 33462

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.

SIGNATURE Kay Recktenwald 3/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TINGLE, GARY 8200 LAKESSHORE DRIVE #105 HYPOLUXO FL 33462	☐ Delete	Tingle, Gary 6300 Riverside Dr. E Windsor, Ontario N83189	☐ Change ☒ Addition President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RECKTENWALD, KAY R 8200 LAKESHORE DRIVE #302 HYPOLUXO FL 33462	☐ Delete	VP,DS RECKTENWALD, KAY R 8200 LAKESHORE DRIVE #302 HYPOLUXO FL 33462	☒ Change ☐ Addition Vice President Secretary Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HAAS, ROY H 8200 LAKESHORE DR #101 HYPOLUXO FL 33462	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUSTY, EDWARD 8200 LAKESHORE DR #308 HYPOLUXO FL 33462	☐ Delete Director		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	/ 	☐ Delete	D PARILLO, ANTHONY 8200 LAKESHORE DRIVE #307 HYPOLUXO FL 33462	☐ Change ☒ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	T,D Steele, Linda 8200 Lakeshore Dr #205 Hypoluxo, FL 33462	☐ Change ☒ Addition Treas; Director

CR2E037 (10/00)

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 receiver 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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #