

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90059 037 ****61.25

DOCUMENT # 760053

1. Entity Name
**LAKE SHORE COLONY NO. 1 CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**8200 LAKESHORE DR
HYPOLUXO, FL 33462 US**

Mailing Address
**28 S. LAKESHORES DR
HYPOLUXO, FL 33462 US**

94043464



2. Principal Place of Business

3. Mailing Address

28 S. Lakeshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2266198

Applied For

Not Applicable

Zip

Country

Zip

Country

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 LAKESHORE DRIVE
#101
LAKE WORTH, FL 33462**

Name

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

City

FL

Zip Code

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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME TINGLE, GARY
STREET ADDRESS 6300 RIVERSIDE DR. EAST
CITY-ST-ZIP WINDSOR, ONTARIO, n83189

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME HAAS, ROY H
STREET ADDRESS 8200 LAKESHORE DR #101
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GUSTY, EDWARD
STREET ADDRESS 8200 LAKESHORE DR #308
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TSD ☐ Delete
NAME RECKTENWALD, KAY R
STREET ADDRESS 8200 LAKESHORE DR #302
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VIEIRA, GEORGE
STREET ADDRESS 8200 LAKESHORE DR #508
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: Kay M. Recktenwald, Director & Treasurer Kay M. Recktenwald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/04 561-297-0026