


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90151 015 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2266198	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TINGLE, GARY		NAME		
STREET ADDRESS	6300 RIVERSIDE DR. EAST		STREET ADDRESS		
CITY-ST-ZIP	WINDSOR, ONTARIO, n83189		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAAS, ROY H		NAME		
STREET ADDRESS	8200 LAKESHORE DR #101		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUSTY, EDWARD		NAME		
STREET ADDRESS	8200 LAKESHORE DR #308		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE	TSD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RECKTENWALD, KAY R		NAME	SD MIKE HANRAHAN	
STREET ADDRESS	8200 LAKESHORE DR #302		STREET ADDRESS	8200 LAKESHORE DR #205	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	HYPOLUXO FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VIEIRA, GEORGE		NAME	D KEN KELLER	
STREET ADDRESS	8200 LAKESHORE DR #508		STREET ADDRESS	8200 LAKESHORE DR #401	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	HYPOLUXO FL 33462	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 or other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/10/05 Daytime Phone # (561) 547-1764		