
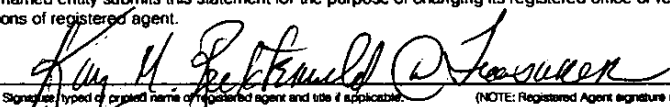
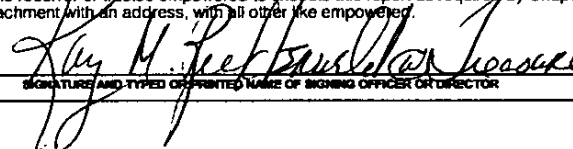


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90355 020 ****61.25

DOCUMENT # 760053					
1. Entity Name LAKESHORE COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8200 LAKESHORE DR HYPOLUXO, FL 33462 US			Mailing Address 28 S. LAKESHORE DR HYPOLUXO, FL 33462 US		
2. Principal Place of Business			3. Mailing Address 28 S. LAKESHORE DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State HYPOLUXO FL			4. FEI Number 59-2266198		
Zip 33462			Country US		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HAAS, ROY H 8200 LAKESHORE DRIVE #101 LAKE WORTH, FL 33462			7. Name and Address of New Registered Agent Name: KAY RECTENWALD Street Address (P.O. Box Number is Not Acceptable): 8200 LAKESHORE DR # 302 City: HYPOLUXO 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 				DATE: 4-10-06	
Filing Fee is \$61.25 Due by May 1, 2006				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 checked="" type="checkbox"/> Delete	TITLE	KAY RECTENWALD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAAS, ROY H		NAME	8200 LAKESHORE DR #302	
STREET ADDRESS	8200 LAKESHORE DR #101		STREET ADDRESS	HYPOLUXO FL 33462	
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	SD	<input type="checkbox"/> Delete	TITLE	VP/SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANRAHAN, MIKE		NAME		
STREET ADDRESS	8200 LAKESHORE DR #205		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	KELLER, KEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, LEN		NAME		
STREET ADDRESS	8200 LAKESHORE DR #401		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BETTY MORGAN	
STREET ADDRESS			STREET ADDRESS	8200 LAKESHORE DR #305	
CITY-ST-ZIP			CITY-ST-ZIP	HYPOLUXO FL 33462	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date: 4-10-06 (561) 582-6339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	