

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723412

Entity Name: LAKESHORE TOWER ONE ASSOCIATION, INC.**Current Principal Place of Business:**117 COUNTRY CLUB DR.
LAKE PLACID, FL 33852**Current Mailing Address:**PO BOX 1051
LAKE PLACID, FL 33862 US**FEI Number:** 59-1682681**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLEY FINANCIAL SERVICES INC
505 W INTERLAKE BLVD
LAKE PLACID, FL 33852 US*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:** SUSAN L COLLEY

04/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR
Name SHAFER, GEORGE
Address 117 COUNTRY CLUB DR.
 A-800
City-State-Zip: LAKE PLACID FL 33852

Title PRESIDENT, DIRECTOR
Name MCKEE, JOHN
Address 117 COUNTRY CLUB DR.
 A-800
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR, SECRETARY
Name HAY, BRIAN
Address 145 SHAFF RD
City-State-Zip: ROCKWOOD PA 15557

Title DIRECTOR
Name KAMMERER, CHAD
Address 1087 OLD GATE ROAD
City-State-Zip: PITTSBURG PA 15235

Title VP
Name ROGUE, THERESA
Address 117 COUNTRY CLUB DR
 UNIT 701
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR
Name COLE, WOODY
Address 706 NEW CENTERVILLE RD
City-State-Zip: SOMERSET PA 15501

Title DIRECTOR
Name KAMMERER, MARTIN
Address 117 COUNTRY CLUB DR
 UNIT 704
City-State-Zip: LAKE PLACID FL 33852

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN MCKEE**PRESIDENT**

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date