

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003572

**Entity Name:** OAKSHORES AT LEMON BAY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 15, 2014**  
**Secretary of State**  
**CC8278077255**

**Current Principal Place of Business:**

1116 S. MCCALL ROAD, #111  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

C/O STARHOSPITALITY MANAGEMENT  
26530 MALALRD WAY  
PUNTA GORDA, FL 33950 US

**FEI Number: 51-0508118**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STAR HOSPITALITY MANAGEMENT  
25630 MALLARD WAY  
PUNTA GORDA, FL 33950 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KEYES, MARTHA  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title SECRETARY  
Name GASAWAY, CARL  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title TREASURER  
Name WELCOME, JEFF  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

*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: MARTHA KEYES**

**PRESIDENT**

**03/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date