

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06437

**Entity Name:** LAKESHORE VILLAGE OF ST. CLOUD CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 03, 2024**  
**Secretary of State**  
**9676734330CC**

**Current Principal Place of Business:**

TENNESSEE AVE  
ST. CLOUD, FL 34769

**Current Mailing Address:**

P.O. BOX 701618  
ST. CLOUD, FL 34770-1618

**FEI Number: 59-2532586**

**Certificate of Status Desired: No**

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

CAMPBELL, TINA PRES  
6900 RANCHERO COURT  
ST. CLOUD, FL 34771 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: TINA CAMPBELL

01/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP/DIRECTOR  
Name GONZALEZ, ELVIRA  
Address 23 TENNESSEE AVENUE  
City-State-Zip: SAINT CLOUD FL 34769

Title SECRETARY, DIRECTOR  
Name LINSKOTT, WANDA  
Address 6900 RANCHERO COURT  
City-State-Zip: SAINT CLOUD FL 34771

Title PRES/DIRECTOR  
Name CAMPBELL, TINA  
Address 13 TENNESSEE AVE  
City-State-Zip: SAINT CLOUD FL 34769

Title TREASURER, DIRECTOR  
Name LYEW, SHARON  
Address 5 TENNESSEE AVE  
City-State-Zip: ST. CLOUD FL 34769

Title MEMBER AT LARGE/DIRECOTR  
Name DETWEILLER, KAREN  
Address 17 TENNESSEE AVE  
City-State-Zip: SAINT CLOUD FL 34769

Title MEMBER AT LARGE/DIRECTOR  
Name REED, LINDA  
Address 11 TENNESSEE  
City-State-Zip: SAINT CLOUD FL 34769

*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: WANDA M LINSKOTT

SECRETARY

01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date