

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

DOCUMENT# N06437

**FILED  
Mar 23, 2014  
Secretary of State  
CC1061002624**

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

**Current Principal Place of Business:**

17 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:**

DETWEILER, KAREN H  
17 TENNESSEE AVE.  
ST. CLOUD, FL 34769 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/D  
Name MYERS, BARBARA  
Address 1 TENNESSEE AVENUE  
City-State-Zip: SAINT CLOUD FL 34769

Title STD  
Name DETWEILER, KAREN H  
Address 17 TENNESSEE AVE  
City-State-Zip: SAINT CLOUD FL 34769

Title VPD  
Name BLACKBURN, BONITA  
Address 7 TENNESSEE AVE  
City-State-Zip: SAINT CLOUD FL 34769

Title O/D  
Name JASMIN, MELISSA E  
Address 23 TENNESSEE AVE  
City-State-Zip: ST. 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: KAREN H. DETWEILER

STD

03/23/2014

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

\_\_\_\_\_  
Date