

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06437

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

**FILED
Mar 03, 2015
Secretary of State
CC9926152994**

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

**SEC/TREAS REGISTERED 03/03/2015
AGENT**

Electronic Signature of Signing Officer/Director Detail

Date