

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06437

FILED
Jan 11, 2023
Secretary of State
6473385358CC

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

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:

LINSCOTT, WANDA
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: WANDA LINSCOTT

01/11/2023

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 TREA/DIRECTOR
Name LINSCOTT, WANDA
Address 6900 RANCHERO COURT
City-State-Zip: SAINT CLOUD FL 34771

Title PRES/DIRECTOR
Name LYEW, JOSEPH
Address 5 TENNESSEE AVE
City-State-Zip: SAINT CLOUD FL 34769

Title SECR/DIRECTOR
Name CAMPBELL, TINA
Address 500 DELAWARE AVE
City-State-Zip: ST. CLOUD FL 34769

Title MEMBER AT LARGE/DIRECOTR
Name BROUSSEAU, LISA
Address 15 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 LINSCOTT

TREAS/DIRECTOR

01/11/2023

Electronic Signature of Signing Officer/Director Detail

Date