

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006952

**Entity Name:** LAKESHORE RESERVE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 03, 2019**  
**Secretary of State**  
**CC4880339021**

**Current Principal Place of Business:**

6649 WESTWOOD BLVD.  
C/O MARRIOTT RESORTS HOSPITALITY CORP.  
ORLANDO, FL 32821-6090

**Current Mailing Address:**

6649 WESTWOOD BLVD.  
C/O MARRIOTT RESORTS HOSPITALITY CORP.  
ORLANDO, FL 32821-6090

**FEI Number: 27-1798413**

**Certificate of Status Desired: Yes**

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

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 VP  
Name EBNER, JOSEPH  
Address 11248 LAKESHORE RESERVE DRIVE  
City-State-Zip: ORLANDO FL 32837

Title PRESIDENT  
Name WEISZ, SCOTT  
Address 6649 WESTWOOD BLVD.  
City-State-Zip: ORLANDO FL 32821-6090

Title SECRETARY, TREASURER  
Name BRADFORD, BRAD  
Address 6649 WESTWOOD BLVD.  
City-State-Zip: ORLANDO FL 32821-6090

Title DIRECTOR  
Name VON BARGEN, LYNDIA  
Address 11248 LAKESHORE RESERVE DRIVE  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR  
Name SCANNELL, CHRIS  
Address 11248 LAKESHORE RESERVE DRIVE  
City-State-Zip: ORLANDO FL 32837

*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: SCOTT WEISZ**

**PRESIDENT**

**01/03/2019**

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

\_\_\_\_\_  
Date