

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15969

**Entity Name:** LAKESHORE 5 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1270 SOUTH FRANKLIN AVE.  
HOMESTEAD, FL 33034

**Current Mailing Address:**

1270 S. FRANKLIN AVENUE  
HOMESTEAD, FL 33034

**FEI Number: 59-2720239**

**Certificate of Status Desired: No**

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

BASS, MICHAEL ESQ.  
8900 SW 107 STREET, SUITE 206  
MIAMI, FL 33176-1451 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 PD  
Name MAYNARD, MARCIA  
Address 840 INDEPENDENCE DRIVE #C  
City-State-Zip: HOMESTEAD FL 33034

Title D  
Name O'DONNELL, PATRICIA H  
Address 1303 S LIBERTY AVE #C  
City-State-Zip: HOMESTEAD FL 33054

Title SD, TREASURER  
Name STEVENS, MICHAEL  
Address 27430 SW 166 AVE.  
City-State-Zip: HOMESTEAD FL 33031

Title DIRECTOR  
Name ZECHEL, KURT  
Address 29300 SW 180 AVENUE  
City-State-Zip: HOMESTEAD FL 33034

*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: MARCIA MAYNARD**

**PRESIDENT**

**04/04/2013**

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

\_\_\_\_\_  
Date