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: DORAN JACKSON

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	PD, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	MAYNARD, MARCIA	Name	JACKSON, DORAN
Address	1270 S. FRANKLIN AVENUE	Address	1270 S. FRANKLIN AVENUE
City-State-Zip:	HOMESTEAD FL 33034	City-State-Zip:	HOMESTEAD FL 33034
Title	TREASURER, DIRECTOR		
Name	ZECHEL, KURT		
Address	1270 S. FRANKLIN AVENUE		
City-State-Zip:	HOMESTEAD FL 33034		

SIGNATURE:

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.

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

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N15969

Certificate of Status Desired: No

Date

FILED Jan 16, 2020 Secretary of State 3682174934CC

Date

SECRETARY