#### 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.

PRESIDENT

#### SIGNATURE: MARCIA MAYNARD

Electronic Signature of Signing Officer/Director Detail

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

## SIGNAT

DIRECTOR ZECHEL, KURT

1270 S. FRANKLIN AVENUE

HOMESTEAD FL 33034

The above

Title

Name Address

City-State-Zip:

#### 2016 FLORIDA NOT FOR PROFIT 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

# Name and Address of Current Registered Agent:

BASS, MICHAEL ESQ. 8900 SW 107 STREET, SUITE 206 MIAMI, FL 33176-1451 US

L 33176-1451 US
named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
ſURE:
Electronic Signature of Registered Agent
Director Detail ·

<b>CORPORATION ANNUAL REPORT</b>	

#### FILED Mar 18, 2016 Secretary of State CC9927155573

Certificate of Status Desired: No

03/18/2016 Date

Date