FILE NOW: FILING FEE IS $61.25

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754019** **(8)**

1. Corporation Name

LAKESHORE VILLAGE SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2055 WOOD ST., STE 202 342786165 SARASOTA FL 34237-7928	2055 WOOD ST., STE 202 342786165 SARASOTA FL 34237-7945

3. Date Incorporated or Qualified: 09/02/1980
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2177675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PROPERTY AND ACCOUNTING MGR. INC.
2055 WOOD ST.,STE.202
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	FERGUSON, JOHN		1.2 NAME	Bryan, Warren	
STREET ADDRESS	6103 WILSHIRE CIRCLE, #15		1.3 STREET ADDRESS	6123 Wilshire Circle	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KARP, DANIEL		2.2 NAME		
STREET ADDRESS	6143 WILSCHIRE CIR #19		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	HART, RICHARD		3.2 NAME	Gould, Lawrence	
STREET ADDRESS	6110 WILSHIRE CIRCLE #7		3.3 STREET ADDRESS	3860 Wilschire Circle	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ALYCE DAFNIS		4.2 NAME		
STREET ADDRESS	3851 WILSHIRE DRIVE, #9		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAHM, HAROLD		5.2 NAME		
STREET ADDRESS	3840 WILSHIRE CR #32		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Warren Bryan 4/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0063319