

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90202 045 ****61.25

DOCUMENT # 754019					
1. Entity Name LAKESHORE VILLAGE SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5037 RINGWOOD MEADOW B SARASOTA, FL 34235			Mailing Address 5037 RINGWOOD MEADOW B SARASOTA, FL 34235		
2. Principal Place of Business 5041 Ringwood Meadow Suite, Apt. #, etc. STE 2		3. Mailing Address 5041 Ringwood Meadow Suite, Apt. #, etc. STE 2			
City & State City: State:		City & State City: State:		4. FEI Number 01172006 Chg-NP CR2E037 (11/05) 59-2177675	
Zip Zip: Country:		Zip Zip: Country:		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT INC 5037 RINGWOOD MEADOW B SARASOTA, FL 34235			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): 5041 Ringwood Meadow STE 2 City: FL Zip Code:		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARRINO, WILLIAM 6133 WILSHIRE CIR. #18 SARASOTA, FL 34238	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SLABACH, IRVIN 3857 WILSHIRE CIR #10 SARASOTA, FL 34238	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FEENEY, ALICE 3880 WILSHIRE CIR. #25 SARASOTA, FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, WARREN 3875 WILSHIRE CIRCLE #22 SARASOTA, FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRAHAM, ARTHUR 3860 WILSHIRE CENTER #30 SARASOTA, FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, MARILYN 3896 WILSHIRE DRIVE #1 SARASOTA, FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WILSON, MARILYN 3896 WILSHIRE DR. #1 SARASOTA, FL 34238	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CASSIN, RICHARD 3865 WILSHIRE CIR. #21 SARASOTA, FL 34238	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Irvin Slabach</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					