


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90051 047 \*\*\*\*61.25

<b>DOCUMENT # 754019</b>					
<b>1. Entity Name</b> LAKESHORE VILLAGE SOUTH CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235			<b>Mailing Address</b> 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2177675	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PAMI MANAGEMENT INC 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD SLABACH, IRVIN 3857 WILSHIRE CIR SUITE 10 SARASOTA, FL 34238		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TD GLENN, ROBERT 3920 WILSHIRE CIR #25 SARASOTA, FL 34238	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TD FEENEY, ALICE 3880 WILSHIRE CIR. #25 SARASOTA, FL 34238		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	SD FORBES, SANDRA 3876 WILSHIRE DR. #13 SARASOTA, FL 34238	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D DAVIS, WARREN 3875 WILSHIRE CIRCLE #22 SARASOTA, FL 34238		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV BRYAN, WARREN 6123 WILSHIRE CIR #17 SARASOTA, FL 34238	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	SD GRAHAM, ARTHUR 3860 WILSHIRE CENTER #30 SARASOTA, FL 34238		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV BRYAN, WARREN 6123 WILSHIRE CIR #17 SARASOTA, FL 34238	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV WILSON, MARILYN 3896 WILSHIRE DRIVE #1 SARASOTA, FL 34238		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV BRYAN, WARREN 6123 WILSHIRE CIR #17 SARASOTA, FL 34238	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV WILSON, MARILYN 3896 WILSHIRE DRIVE #1 SARASOTA, FL 34238		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV BRYAN, WARREN 6123 WILSHIRE CIR #17 SARASOTA, FL 34238	
<b>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.</b>					
<b>SIGNATURE:</b> _____			04/25/2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		