

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 760542

1. Entity Name
LAKE SHORE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INCORPORATED



| | |
|---|---|
| Principal Place of Business 504 NW FIFTH AVENUE OKEECHOBEE, FL 34972-2570 | Mailing Address 504 NW FIFTH AVENUE OKEECHOBEE, FL 34972-2570 |
|---|---|

DO NOT WRITE IN THIS SPACE



01172007 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2445177 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WEMMER, DAVID DR.
 113 NORTHEAST 19TH DRIVE
 OKEECHOBEE, FL 34972

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEMMER, DAVID 113 NE 19TH DRIVE OKEECHOBEE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LEE, ROBERT PO BOX 1307 OKEECHOBEE, FL 349731307 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/25/07-80035-025 61.25

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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: David F. Wemmer Date: 1-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR