FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768227** **(1)**

1. Corporation Name

LAKE SHORE VILLAGE MERCHANTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1225 S TAMIAMI TR P O BOX 2892 SARASOTA FL 34230	1225 S TAMIAMI TR P O BOX 2892 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/02/1983	03/24/1994

4. FEI Number: 59-2387238 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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

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

7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

MESHAD, JOHN W.
1900 RINGLING BLVD
SARASOTA FL 33577

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 607.0502 and 607.1508, 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 607.0505, 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	~~PD~~	11 TITLE	PD ☑ Change ☐ Addition
NAME	~~MAGNUSON, PETER G.~~	12 NAME	DUANE MAGNUSON
STREET ADDRESS	~~3900 CLARK ROAD UNIT R~~	13 STREET ADDRESS	3900 CLARK RD. UNIT R
CITY-ST-ZIP	~~SARASOTA FL~~	14 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	VALEK, ED SR.	22 NAME	
STREET ADDRESS	3900 CLARK ROAD, J3	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	~~STD~~	31 TITLE	~~STD~~ ☑ Change ☐ Addition
NAME	~~MESHAD, JOHN W.~~	32 NAME	~~Derenk, Michael~~
STREET ADDRESS	~~1900 RINGLING BLVD.~~	33 STREET ADDRESS	~~3900 Clark Road~~
CITY-ST-ZIP	~~SARASOTA FL~~	34 CITY-ST-ZIP	~~Sarasota, FL 342~~
TITLE		41 TITLE	STD ☑ Change ☐ Addition
NAME		42 NAME	CHRISTINE CLARK
STREET ADDRESS		43 STREET ADDRESS	3900 CLARK RD., UNIT C2
CITY-ST-ZIP		44 CITY-ST-ZIP	SARASOTA, FL 34233
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 any attachment with an address.

SIGNATURE: Duane C. Magnuson 2/3/95 813-366-1047
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)
DUANE C. MAGNUSON

0063178