FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

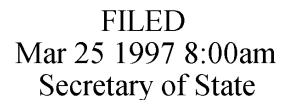
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

(1)

LAKE SHORE VILLAGE MERCHANTS CONDOMINIUM ASSOCIA





HON,	1110-							#
Principal Place of Business Mailing Address						i 1081 diper dipil Bidis	Riafi dimii stall ihat	
3306 FIRST ST BRADENTON F			STREET WEST FL 34208-4017					
US		ŲS				3. Date Incorporated or Qualified 05/02/1983	3a. Date of L 04/2	ast Report 4/1996
├ ─── '	face of Business	2a. Mailing A	ddress			4. FEI Number 59-2387238		Applied For
Suite, Apt.	#, etc.	26 Suite, Ap	t #, etc.				□ \$8.	Not Applicable 75 Additional
22		27	~······		,,	5. Certificate of Status Desired	☐ ३0. F:	ee Required
City & State	0		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Zip			·	This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30				Florida Statutes Yes No			
	9. Name and Address of Curr	ent Hegistered Age	<u>nı </u>	81	Name	10. Name and Address of New Re	gistered Agent	
OFVED	DIOV							
SEYER, 3306 FI	RST STREET WEST				Street /	ddress (P.O. Box Number is Not Acceptable)		
	NTON FL 34208							
				84	City	profit	EL 85	Zip Code
44 Discount	to the provisions of Contrary C17 Of	502 and 617 1500 F	Iorida Ctatutas ti		L	corporation submits this statement for the	FL	vina ita rapistarad
agent La	egistered agent, or both, in the sta in familiar with, and accept the obli- signature bject or ponted name of registered a	gations of, Section (617.0503, Florida	Statutes	S.	oration's board of directors. I hereby acce	DATE	as registered
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD	B	DELETE	1.1 TITLE		PD TOCKSON	☐ Ch	ange 🔀 Addition
NAME	MAGNUSON, DUANE 3900 CLARK RD., UNIT R			1.2 NAME		Robert Jackson 3900 Clark Rd, Unit	A-1	
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL			1.4 Offy - S	MUDITESS	sarasola, FL 342	33	
TILLE	VD	Þ		2.1 TITLE			17.06	ange 🔀 Addition
NAME	VALEK, ED SR.			2.2 NAME	Į	mr. George Fraley 3150 Lake Park Lar	NO.	
STREET ADDRESS	3900 CLARK ROAD, J3			2.3 STREET				
CITY-ST-ZIP	SARASOTA FL		· · · · · · · · · · · · · · · · · · ·	2 4 CITY-	ST-ZIP	Sarasola, FL 342	△ \ □ Ch	nange Addition
TITLE NAME	STD Clary, Christine	L		3.1 TITLE 3.2 NAME			C	autic [""] wnoillou
STREET ADDRESS	3900 CLARK RD., UNTE C	2		3.3 STREET	ADDRESS			
CITY - ST - 7IP	SARASOTA FL		1	3.4 CITY-	ì			
TILLE				4.1 TITLE			☐ Ch	ange
NAMÉ				4 2 NAME	ľ			
STREET ADDRESS			Ţ		T ADDRESS			
CITY-ST-ZIF TITLE		Г		4.4 CITY - S 5.1 TITLE	ST-ZIP	AND	T'h	nange
NAME		_		5.2 NAME			<u> </u>	
STREET ADDRESS	1				T ADDRESS			
CITY ST ZIP				5 4 CITY-5	Į.		****	
TITLE		L	DELETE	6.1 THILE			☐ Ch	nange
NAME				6.2 NAME	ļ			
STREET ADDRESS			I		T ADDRESS			
City - St - ZiP	l			6.4 CITY-	ST-ZIP		····	

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: