2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90983 028 ****61.25

DOCUMENT # 768227

1. Entity Name

LAKE SHORE VILLAGE MERCHANTS CONDOMINIUM ASSOCIA

Principal Place of Business	Mailing Address
3900 CLARK RD. SARASOTA FL 34238 US	C/O BETH CALLANS MGMT. CORP. 595 BAY ISLES ROAD STE 201 LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALLANS, BETH 595 BAY ISLES ROAD STE 201 LONGBOAT KEY FL 34228	Name Street Address (P.O. Box Number is Not Acceptable) 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.

Beth Sign X Beth Callans

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACKSON, ROBERT 3900 CLARK ROAD UNIT A-1 SARASOTA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP DR. BILLINGS, RICK 3900 CLARK Rd UNIT# E12 SARASOTA, FL 34238	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JAWORSKI, PAUL 3900 CLARK RD. SARASOTA FL 34238	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD + SECRETARY AIKIRE, CHARLES 3900 CLARK Rd Unit # B5 SARASOTA, FL 34238	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GIPPS, JERRY 3900 CLARK RD. SARASOTA FL 34238	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEINBURGER, Amy 3900 CLARK Rd Unit # D2 SARASOTA, FL 34238	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT CALLANS, BETH 595 BAY ISLES ROAD LONGBOAT KEY FL 34228	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT CALLANS, BETH 595 BAY ISLES Rd #201 LONGBOAT KEY, FL 34228	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I 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 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.

Bd President Sign X Rick Billings (Rick Billings)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #