

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90332 049 ****61.25

DOCUMENT # N03000000115			
1. Entity Name LAKESHORE AT SANDS CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 2010 HARBORTOWN DR, STE 1 FORT PIERCE, FL 34946	
Mailing Address 2010 HARBORTOWN DR, STE 1 FORT PIERCE, FL 34946		2. Principal Place of Business PROPERTY C/O SCHLITT MANAGEMENT	
3. Mailing Address PROPERTY C/O SCHLITT MANAGEMENT		Suite, Apt. #, etc. 3240 CARDINAL DR.	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
Zip 32963		Country US	
4. FEI Number 56-2313838		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, OLIVET III 3251 LAKESHORE DR FT PIERCE, FL 34949		7. Name and Address of New Registered Agent Name SCHLITT PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 3240 CARDINAL DRIVE City VERO BEACH FL Zip Code 32963	
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: DATE: 3/31/05 <small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DV NAME HESSEE, MARK STREET ADDRESS 2010 HARBORTOWN DR, STE 1 CITY-ST-ZIP FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete	TITLE P NAME JOAN MILLER STREET ADDRESS 3266 LAKESHORE DR CITY-ST-ZIP FORT PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DV NAME CAROL SMITH STREET ADDRESS 3251 LAKESHORE DR. CITY-ST-ZIP FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE VP NAME RICHARD HOLSCLOW STREET ADDRESS 3259 LAKESHORE DRIVE CITY-ST-ZIP FORT PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DV NAME HESSEE, MARK STREET ADDRESS 2010 HARBORTOWN DR, STE 1 CITY-ST-ZIP FORT PIERCE, FL 34946	<input type="checkbox"/> Delete	TITLE DV NAME HESSEE, MARK STREET ADDRESS 2010 HARBORTOWN DR, STE 1 CITY-ST-ZIP FORT PIERCE, FL 34946	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE:		4-4-05 772-464-0630	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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