

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90081 033 ****61.25

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1. Entity Name
LAKESHORE AT SANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O SCHLITT PROP MGMT
3240 CARDINAL DR
VERO BEACH, FL 32963**

Mailing Address
**C/O SCHLITT PROP MGMT
3240 CARDINAL DR
VERO BEACH, FL 32963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006

Chg-NP

CR2E037 (11/05)

4. FEI Number
56-2313838

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

**SCHLITT PROPERTY MGMT
3240 CARDINAL DR
VERO BEACH, FL 32963**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☒ S ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**MILLER, JOAN
3266 LAKESHORE DR
FORT PIERCE, FL 34949**

TITLE ☒ S ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ VP ☐ P ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**SMITH, CAROL
3251 LAKESHORE DR
FORT PIERCE, FL 34949**

TITLE ☒ P ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SMITH, CAROL

TITLE ☒ T ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**HOLSELAW, RICHARD
3259 LAKESHORE DR
FORT PIERCE, FL 34949**

TITLE ☐ T ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
GILANTO, JOE

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Carol Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CAROL SMITH

40053242



772-

468-2310