2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N03000000115 1. Entity Name



FILED Apr 30, 2007 8:00 am Secretary of State

14-13-0" Dayume Phone #

Date

04-30-2007 90863 027 ****61.25

LAKESHORE AT SANDS CONDOMINIUM ASSOCIATION, INC.											
C/O SCHLITT PROP MGMT C/O 3240 CARDINAL DR 324			iling Address D SCHLITT PROP MGMT 40 CARDINAL DR RO BEACH, FL 32963								
		3. Mail	Suite, Apt. #, etc.								
		Su					02162007 Chg-NP CR2E037 (12/06)				
City & State		Cit	City & State				4. FEI Number 56-2313838				oplied For ot Applicable
Zip	Zip Country		Zip Cou		untry				\$8.75 Add Fee Require	8.75 Additional se Required	
6. Name and Address of Current Register							7. Name and Address of New Registered Agent				
SCHLITT PROPERTY MGMT					Name						
3240 CARDINAL DR VERO BEACH, FL 32963			Street Address			ddress (F	P.O. Box Number is	Not Acceptable	e)		
					City				FL	Zip Cod	e
9 The above	named entity submits this statement	lar the nure	oee of changing its	register	ed office o	register	ed agent or both in	the State of Ele		amiliar with	and accept
	ions of registered agent.	ioi ine puip	ose or changing its	registert	ed onice of	register	ed agent, or both, in	ine State Of the	uliua. Talli i	attiliai Witti,	and accept
	•										
SIGNATURE											
	Signature, typed or printed name of registered age	пі ало іне іг арр	MICADRE. (NOTE	=: Hegistere	d Agent signati	71.6 160 F14.60	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007			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 D	IRECTORS		11.			ADDITIONS/CHANG	ES TO OFFICE	RS AND DIF	RECTORS IN	i 10
TITLE	S	,	🔀 Delete	TITLE		S			,	☐ Change	Addition
NAME	MILLER, JOAN			NAM		HOL	SCLAW!	TERRY	20		
STREET ADDRESS CITY-ST-ZIP	3266 LAKESHORE DR FORT PIERCE, FL 34949			1	eet address (-St-Zip	325	SCLAW : FIERCE	SHORE	UR.		
-	P					F 174	PIERLE	FL 3	777/	Channa	Addition
NAME	SMITH, CAROL		☐ Delete	TITLE NAM		1				Change _	Addition
STREET ADDRESS	3251 LAKESHORE DR				EET ADDRESS	1					
CITY-ST-ZIP	FORT PIERCE, FL 34949			CITY	r-ST-ZiP	1					
TITLE	Т		☐ Delete	TITLE	.E					☐ Change	☐ Addition
NAME	GIJANTO, JOE			NAM		1					
STREET ADDRESS	3259 LAKESHORE DR			STRE	EET ADDRESS						
CITY-ST-ZIP	FORT PIERCE, FL 34949			CITY	Y-ST-ZIP						
TITLE											
NAME			Delete	TITLE	£					☐ Change	Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE.