2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2009
Secretary of State

DOCUMENT# N03000000115

Entity Name: LAKESHORE AT SANDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3251 LAKESHORE DRIVE
FORT PIERCE, FL 34949

Current Mailing Address:

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

New Mailing Address:

3251 LAKESHORE DRIVE
FORT PIERCE, FL 34949

FEI Number: 56-2313838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, CAROL
3251 LAKESHORE DR
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: BRENNAN, CHARLOTTE
Address: 3252 LAKESHORE DR
City-St-Zip: FORT PIERCE, FL 34949

Title: P ( ) Delete
Name: SMITH, CAROL
Address: 3251 LAKESHORE DR
City-St-Zip: FORT PIERCE, FL 34949

Title: T ( ) Delete
Name: GIJANTO, JOE
Address: 3259 LAKESHORE DR
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL SMITH P 07/30/2009
Electronic Signature of Signing Officer or Director — Date