

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90013 040 ****61.25

DOCUMENT # N05000003572					
1. Entity Name OAKSHORES AT LEMON BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1116 S. MCCALL ROAD, #111 ENGLEWOOD, FL 34223 US			Mailing Address 1116 S. MCCALL ROAD, #111 ENGLEWOOD, FL 34223 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0508118	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELSER, INA-RAE 1116 S. MCCALL ROAD UNITE 111 ENGLEWOOD, FL 34223			Name Street Address (P.O. Box Number is Not Acceptable) City		
BELSER, INA-RAE 1116 S. MCCALL ROAD UNITE 111 ENGLEWOOD, FL 34223			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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> TREAS. </div> <div style="width: 20%; text-align: right;"> 2/23/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME SHAPPELL, ROBERT	<input checked="" type="checkbox"/> Delete		TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1116 S. MCCALL RD. #121	ENGLEWOOD, FL 34223		STREET ADDRESS BARRY TAYLOR	1116 S. MCCALL RD # 132	
CITY-ST-ZIP ENGLEWOOD, FL 34223			CITY-ST-ZIP ENGLEWOOD, FL 34223		
TITLE VPD	NAME SHERRIE, KLEPSE	<input checked="" type="checkbox"/> Delete		TITLE VPD / STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1112 S. MCCALL RD. #311	ENGLEWOOD, FL 34223				
CITY-ST-ZIP ENGLEWOOD, FL 34223					
TITLE STD	NAME BENSON, DARLENE	<input type="checkbox"/> Delete			
STREET ADDRESS 1124 S. MCCALL RD. #231	ENGLEWOOD, FL 34223				
CITY-ST-ZIP ENGLEWOOD, FL 34223					
TITLE TRES	NAME INA-RAE, BELSER	<input type="checkbox"/> Delete			
STREET ADDRESS 1116 S. MCCALL RD. #111	ENGLEWOOD, FL 34223				
CITY-ST-ZIP ENGLEWOOD, FL 34223					
TITLE 	NAME 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: **2/23/08** **941-475-6461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #