2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 27, 2008 8:00 am Secretary of State

DOCUMENT # N05062 1. Entity Name LAKESHORE NORTH CONDOMINIUM, INC.						08-27-20	008 90010	026 ****6	51.25	
711 SPRINGER DR. 711 SP		Mailing Address 711 SPRINGER DR. #2' 4 LAKE WALES, FL 33853	SPRINGER DR. #2' 4		ųv	1				
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7// S P.P.		3. Mailing Address	GER DR				IN HIER CHUIF EIRIN C			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08242008 Chg-NP CR2E037 (1		37 (12/06)			
City & State		City & State	LES ,	F/ 4.	FEI Numbe 59-245			} -	pplied For ot Applicable	
Žip	Country	Zip 3 3853	Country	5.		of Status Desire		\$8.75 Add	ditional	
	6. Name and Address of Current	 		7.	Name and	Address of Ne	w Registered			
SCOTT, JOAN C				Name MARY ELAINE VALENTINE						
711 SPRINGER DRIVE			Street A	Street Address (P.O. Box Number is Not Acceptable)						
APT 3 LAKE WALES, FL 33853				APT	10					
5 2			City	LAKE	F h	ALES	FI	Zip Cod	3853	
	named entity submits this statement fo	or the purpose of changing its rec	gistered office or	registered a	igent, or bol	h, in the State o	of Florida. I am	familiar with,	, and accept	
	Mary Elaine	Valentino,			PPE	SIDENT	r 81/	23/1	8	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signati	ure required when	reinstating)	SUNE NO	DATE	0-376		
	Signature, typed or finited name of registered agent Filling Fee is \$61.25 ue by September 12, 2008	and title if applicable. (NOTE: Re 9. Election Campa Trust Fund Con	aign Financing	\$5	i reinstating) 5.00 May B ded to Fees	e	DATE	ck payable t	to	
	Filing Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DI	9. Election Campa Trust Fund Con	aign Financing stribution.	□ \$5 □ Add	.00 May E ded to Fees	e ANGES TO OFF	Make chec Florida Depa	ck payable turtment of S	to State	
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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 eath; 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:

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/08 863 676-8542