


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

08-27-2008 90010 026 ****61.25

DOCUMENT # N05062 1. Entity Name LAKE SHORE NORTH CONDOMINIUM, INC.			
Principal Place of Business 711 SPRINGER DR. LAKE WALES, FL 33853		Mailing Address 711 SPRINGER DR. #24 LAKE WALES, FL 33853	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 711 SPRINGER DR #4 Suite, Apt. #, etc.	
City & State LAKE WALES, FL		City & State LAKE WALES, FL	
Zip 33853	Country	Zip 33853	Country
4. FEI Number 59-2450259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, JOAN C 711 SPRINGER DRIVE APT 3 LAKE WALES, FL 33853		7. Name and Address of New Registered Agent Name MARY ELAINE VALENTINE Street Address (P.O. Box Number is Not Acceptable) 711 SPRINGER DR APT 10 City LAKE WALES FL Zip Code 33853	
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 <u>Mary Elaine Valentine</u> PRESIDENT 8/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, JOAN C 711 SPRINGER DR #3 LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete as Pres.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARY ELAINE VALENTINE 711 SPRINGER DR #10 LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALENTINE, MARY ELAINE 711 SPRINGER DR 10 LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete as V.P.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITEHEAD, GUY 711 SPRINGER DR. #2 LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete as STD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREAS. FREDA L. WADE 711 SPRINGER DR #4 LAKE WALES, FL 33853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Mary Elaine Valentine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/23/08 863 676-8542 <small>Date Daytime Phone #</small>	