


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
 Mailed Jan 24, 2007 08:00 AM
 Secretary of State
 1-14-07

DOCUMENT # N06437
 1. Entity Name
 LAKESHORE VILLAGE OF ST. CLOUD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 17 TENNESSEE AVE. P.O. BOX 701618
 ST. CLOUD, FL 34769 US ST. CLOUD, FL 34770-1618

DO NOT WRITE IN THIS SPACE



01132007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-2532586 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DETWEILER, KAREN H
 17 TENNESSEE AVE.
 ST. CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$81.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MYERS, BARBARA 1 TENNESSEE AVENUE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD DETWELER, KAREN 17 TENNESSEE AVENUE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTWIG, SHIRLEY 19 TENNESSEE AVENUE SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000601137
 01/26/07-80036-024 61.25

DO NOT WRITE IN THIS SPACE

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: Karen H. Detweiler Date: 1-13-07 Daytime Phone #: 407-344-5040x213 (work)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR