


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90203 046 ****61.25

DOCUMENT # N06437					
1. Entity Name LAKESHORE VILLAGE OF ST. CLOUD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 17 TENNESSEE AVE. ST. CLOUD, FL 34769 US			Mailing Address P.O. BOX 701618 ST. CLOUD, FL 34770-1618		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02292008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2532586	
Zip		Country		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		
DETWEILER, KAREN H 17 TENNESSEE AVE. ST. CLOUD, FL 34769			Name Street Address (P.O. Box Number is Not Acceptable) City 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.					
SIGNATURE <i>Karen H. Detweiler</i> Signature, typed or printed name of registered agent and title if applicable.		<i>Karen H. Detweiler</i> (NOTE: Registered Agent signature required when reinstating)		<i>2-28-08</i> DATE	
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	
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	P/D MYERS, BARBARA 1 TENNESSEE AVENUE SAINT CLOUD, FL 34769 <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	VPTD DETWEILER, KAREN 17 TENNESSEE AVENUE SAINT CLOUD, FL 34769 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Detweiler, Karen 17 Tennessee Ave St. Cloud, FL 34769		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete HARTWIG, SHIRLEY 19 TENNESSEE AVEMIE SAINT CLOUD, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blackburn, Bonita 7 Tennessee Ave St. Cloud, FL 34769		
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: <i>Karen H. Detweiler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>Karen H. Detweiler</i>		<i>2-28-08</i> Date	
				<i>260-668-9804</i> Daytime Phone #	