

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2009
Secretary of State**

DOCUMENT# N06437

Entity Name: LAKESHORE VILLAGE OF ST. CLOUD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17 TENNESSEE AVE.
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 701618
ST. CLOUD, FL 347701618

New Mailing Address:

FEI Number: 59-2532586 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DETWEILER, KAREN H
17 TENNESSEE AVE.
ST. CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MYERS, BARBARA
Address: 1 TENNESSEE AVENUE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: STD () Delete
Name: DWTWEILER, KAREN
Address: 17 TENNESSEE AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VD () Delete
Name: BLACKBURN, BONITA
Address: 7 TENNESSEE AVE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: DETWEILER, KAREN H
Address: 17 TENNESSEE AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: VPD (X) Change () Addition
Name: BLACKBURN, BONITA
Address: 7 TENNESSEE AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN H. DETWEILER

STRA

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date