

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11183

1. Entity Name

LAKESHORE 2 CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90052 020 ****61.25

Principal Place of Business

Mailing Address

270 S. FRANKLIN AVE.
 HOMESTEAD FL 33034

270 S. FRANKLIN AVE.
 HOMESTEAD FL 33034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2686306

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODMAN, GUENTHER, JOYCE
 10723 SW 104 STREET
 MIAMI FL 33158

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GEHL, MARGARITA	
STREET ADDRESS	1031 K. ADAMS AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LAFRANCE, ALBERT	
STREET ADDRESS	1002 F. ADAMS AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HANZALIK, ALBERT	
STREET ADDRESS	1021 C ADAMS AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RENADETTE, ARTHUR	
STREET ADDRESS	901-B ADAMS TERRACE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOMBARD, SHARON E	
STREET ADDRESS	1021 A ADAMS AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHL, MARGARITA	
STREET ADDRESS	1031 K ADAMS AVE	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFRANCE, ALBERT	
STREET ADDRESS	1002 F ADAMS AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

Date

305 245-1632

Daytime Phone #

CR2E037 (9/99)