

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 NOV -6 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11186

1. Entity Name
LAKESHORE 6 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1270 S. FRANKLIN AVE.
HOMESTEAD, FL 33034

Mailing Address
1270 S. FRANKLIN AVE.
HOMESTEAD, FL 33034

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08272007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2686319

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASS, MICHAEL G
8900 SW 107 AVE STE 206
MIAMI, FL 33176

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

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

(NOTE: Registered Agent Signature required when registering)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME THOMPSON, SONYA
STREET ADDRESS 899 K HAMILTON DR
CITY-STATE-ZIP HOMESTEAD, FL 33034

TITLE ☐ Change ☒ Addition
NAME S D
STREET ADDRESS Donald Sprague
CITY-STATE-ZIP 889 Hamilton Dr #C
Homestead, FL 33034

TITLE VP ☐ Delete
NAME ROSARIO, ARTHUR
STREET ADDRESS 809 E HAMILTON DR
CITY-STATE-ZIP HOMESTEAD, FL 33034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE T ☐ Delete
NAME WELLER, HAROLD
STREET ADDRESS 15330 S LIBERTY AVE
CITY-STATE-ZIP HOMESTEAD, FL 33034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ Delete
NAME WOODY, DOROTHY
STREET ADDRESS 929 K HAMILTON DR
CITY-STATE-ZIP HOMESTEAD, FL 33034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Sonya Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/07 305 245-1885
Date Daytime Phone #

LAKESHORE COMMUNITY ASSOCIATION, INC.
1270 S. FRANKLIN AVE.
HOMESTEAD, FL 33034
305/245-1885 FAX 245-1843

November 5, 2007

Russell Hunt
PO BOX 6327
Tallahassee, FL 33034

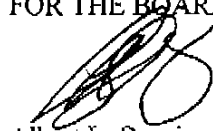
Re: Lakeshore 6 Condo Assoc, Inc. N11186

Dear Russell:

As previously discussed, the above entity has never received a notice of cancellation or a rejection notice.

Please waive the late or reinstatement fee.

Sincerely,
FOR THE BOARD OF DIRECTORS

A handwritten signature in black ink, appearing to read 'Albert L. Dominguez', is written over the printed name.

Albert L. Dominguez, CAM