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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N11186

1. Entity Name
LAKESHORE 6 CONDOMINIUM ASSOCIATION, INC.

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

08272007 Chg-NP CR2E037 (12/06)

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

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMPSON, SONYA 899 K HAMILTON DR HOMESTEAD, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Donald Sprague 889 Hamilton Dr #C Homestead, FL 33034	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSARIO, ARTHUR 809 E HAMILTON DR HOMESTEAD, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WELLER, HAROLD 15330 S LIBERTY AVE HOMESTEAD, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODY, DOROTHY 929 K HAMILTON DR HOMESTEAD, FL 33034	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Sonya Thompson 8/29/07 305 245-1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 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

Albert L. Dominguez, CAM