

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90039 046 ****61.25

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

50000829



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2686319

Applied For
Not Applicable

Zip

Country

Zip

Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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
P
Woodside, Wilbur
929 Hamilton Dr. # K
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
T
Spisiak, James
450 NW 1st Road
Homestead, FL 33030 ☒ 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
S
Urscheller, Maria
929 Hamilton Dr
Homestead, FL 33034 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SPRAGUE, DONALD
889 HAMILTON DR #C
HOMESTEAD, FL 33034 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JD
Thompson, Sonya
889 Hamilton Dr. # K
Homestead, FL 33034 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Barnes, Richard
1533 S. Liberty Ave
Homestead, FL 33034 ☒ 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:

Wilbur Woodside
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/21/08** Daytime Phone # **305-934-1569**