
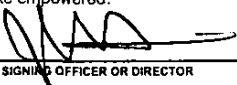


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90030 039 ****61.25

DOCUMENT # N31550 1. Entity Name LAKESHORE VILLAGE OF MEADOWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ELLIOTT MERRILL COMMUNITY MGMT. 935 20TH PALCE VERO BEACH, FL 32960 US			Mailing Address ELLIOTT MERRILL COMMUNITY MGMT. 935 20TH PALCE VERO BEACH, FL 32960 US		
2. Principal Place of Business 3240 CARDINAL DR. Suite, Apt. #, etc.		3. Mailing Address 3240 CARDINAL DR. Suite, Apt. #, etc.			
City & State VERO BEACH, FL		City & State VERO BEACH, FL		4. FEI Number 65-0138688	
Zip 32963		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAIG MERRILL/ELLIOTT MERRILL MGMT. ELLIOTT MERRILL COMMUNITY MGT. 835 20TH PLACE VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name: STEVEN SCHLITT SCHLITT Property Management Street Address (P.O. Box Number is Not Acceptable) 3240 Cardinal Drive, Suite 200 City: Vero Beach FL Zip Code: 32963	
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: STEVEN SCHLITT <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD BANKES, BRYAN 3351 TWIN LAKES TERR. #102 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSKINS, CLINTON 3300 TWIN LAKES TERRACE #103 FT. PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLS, HARRY 3200 TWIN LAKES TERRACE #202 FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALANIS, MICHAEL 3500 TWIN LAKES TERRACE #202 FT. PIERCE, FL 34951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLER, KEN 3400 TWIN LAKES TERRACE #203 FORT PIERCE, FL 34946	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELLY, VERNA 3450 TWIN LAKES TERRACE #106 FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCO, GERALD 3400 TWIN LAKES TERRACE #105 FORT PIERCE, FL 34951	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: J.C. Hoskins  ARR 21, 2006 772-465-2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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