


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90010 021 ****61.25

DOCUMENT # N31550 1. Entity Name LAKE SHORE VILLAGE OF MEADOWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3240 CARDINAL DR VERO BEACH, FL 32963 US			Mailing Address 3240 CARDINAL DR VERO BEACH, FL 32963 US		
2. Principal Place of Business - No P.O. Box # 4007 N AIA		3. Mailing Address 4007 N AIA			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FT. PIERCE, FL		City & State FT. PIERCE, FL			
Zip 34949		Country US		Zip 34949	
Country US		Country US			
6. Name and Address of Current Registered Agent SCHLITZ PROPERTY MANAGEMENT 3240 CARDINAL DR SUITE 200 VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name SCHLITZ PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 4007 N AIA City FT. PIERCE	
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 R. SCHLITZ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 	
Filing Fee is \$61.25 Due by May 1, 2008		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	P HOSKINS, CLINTON 3300 TWIN LAKES TERRACE SUITE 103 FORT PIERCE, FL 34951	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	WALTER HARTWELL 190 SW BEACHWAY AVE. PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GORMAN, ROBERT 3300 TWIN LAKES TERRACE #104 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	TEDDER, DON 3500 TWIN LAKES TERRACE #206 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	GALANIS, MICHAEL 3500 TWIN LAKES TERRACE SUITE 202 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	FESTAGALLO, LOUIS 3450 TWIN LAKES TERRACE #205 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: Robert Gorman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/26/08 (772) 465-5311 <small>Daytime Phone #</small>		