

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N41639

1. Entity Name
LAKE SHORE VILLAGE GARAGE OWNERS
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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0263549

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, MICHELLE
3240 CARDINAL DR
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

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, 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

TITLE P
NAME BONEBRAKE, ROBERT
STREET ADDRESS 3351 TWIN LAKES TERR # 104
CITY-ST-ZIP FORT PIERCE, FL 34949

TITLE VP
NAME HOSKINS, CLINTON
STREET ADDRESS 3300 TWIN LAKES TERR., #103
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE ST
NAME LUKOSKIE, GIBBS
STREET ADDRESS 3351 LAKE SHORE TERR., 101
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Bryan Bankes
STREET ADDRESS 3351 Twin Lakes Terr. # 104
CITY-ST-ZIP Fort Pierce, FL 34951

TITLE
NAME Joseph DeRoss
STREET ADDRESS 3500 Twin Lakes Terr. # 204
CITY-ST-ZIP Fort Pierce, FL 34951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

3/28/07 MAY -9 PM 4:19

STATE
TALLAHASSEE, FLORIDA

