

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001623

1. Entity Name

CONDOMINIUM ASSOCIATION FOR LAKESHORE CLUB, INC.

Principal Place of Business

Mailing Address

1300 SOUTH LAKE HOWARD DRIVE
WINTERHAVEN FL 33880

1300 SOUTH LAKE HOWARD DRIVE
WINTERHAVEN FL 33880-2621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

STAMPER, SAMUEL D
1300 SOUTH LAKE HOWARD DRIVE
WINTERHAVEN FL 33880

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DV
NAME STAMPER, SAMUEL D
STREET ADDRESS 1300 SOUTH LAKE HOWARD DRIVE
CITY-ST-ZIP WINTERHAVEN FL 33880 ☐ Delete

TITLE DP
NAME PETTIT, MELVIN
STREET ADDRESS 1300 S LAKE HOWARD DRIVE
CITY-ST-ZIP WINTERHAVEN FL 33880 ☒ Delete

TITLE DST
NAME STAMPER, JOYCE
STREET ADDRESS 1300 SOUTH LAKE HOWARD DRIVE
CITY-ST-ZIP WINTERHAVEN FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DP
NAME William Sillamin
STREET ADDRESS 1300 S Lake Howard Drive
CITY-ST-ZIP Winter Haven, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 samuel D Stamper

3-26-00

(863)299-2158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90153 005 ****61.25



DO NOT WRITE IN THIS SPACE