

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754019

FILED
Mar 26, 2020
Secretary of State
7259309293CC**Entity Name:** LAKESHORE VILLAGE SOUTH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O CLIVE BURNETT
2206 JO AN DRIVE
SARASOTA, FL 34231**Current Mailing Address:**C/O CLIVE BURNETT
2206 JO AN DRIVE
SARASOTA, FL 34231 US**FEI Number: 59-2177675****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BURNETT, CLIVE
THE BARLOW GROUP
2206 JO AN DRIVE
SARASOTA, FL 34231 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRESIDENT, DIRECTOR
Name TROYER, VIRGINIA
Address 2206 JO AN DRIVE, SUITE 2
City-State-Zip: SARASOTA FL 34231Title TREASURER
Name CASHMAN, LOUISE
Address 2206 JO AN DRIVE, SUITE 2
City-State-Zip: SARASOTA FL 34231Title DIRECTOR
Name VAN TRIEST, HENRI
Address 2206 JO AN DRIVE, SUITE 2
City-State-Zip: SARASOTA FL 34231Title SECRETARY, DIRECTOR
Name DOWNARD, LEW
Address 2206 JO AN DRIVE, SUITE 2
City-State-Zip: SARASOTA FL 34231Title ASST. SECRETARY
Name BURNETT, CLIVE
Address 2206 JO AN DRIVE, SUITE 2
City-State-Zip: SARASOTA FL 34231Title DIRECTOR
Name TOHER, JOHN
Address 2206 JO AN DRIVE, SUITE 2
City-State-Zip: SARASOTA FL 34231

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLIVE BURNETT**MANAGER****03/26/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date