

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# 748621

Entity Name: LAKEVIEW HILLS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3146373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: KEENE, ARTHUR
Address: 960 BROGDEN DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: CARLS, DAVID
Address: 2365 LAKEVIEW AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: FOLGUEIRAS, LOUIS
Address: 2301 LAKEVIEW AVE
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: SERVISS, ED
Address: 900 HADDOCK DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: LANGE, DAVE
Address: 955 BROGDEN DR
City-St-Zip: CLERMONT DR., FL 34711

Title: D () Delete
Name: SIMMONS, DAN
Address: 2290 LAKEVIEW AVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LANGE, DAVID
Address: 955 BROGDEN DR
City-St-Zip: CLERMONT DR., FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID CARLS

PD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date