

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# 758017

Entity Name: LAKE VIEW CONDOMINIUM NO. 3 ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. STATE ROAD 434, SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. STATE ROAD 434, SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 59-2147840      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 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 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: D ( ) Delete  
Name: LUTZ, MAYELA  
Address: 2709 OAK PARK WAY  
City-St-Zip: ORLANDO, FL 32822

Title: PD ( ) Delete  
Name: REBHANN, JILL  
Address: 2687 OAK PARK WAY  
City-St-Zip: ORLANDO, FL 32822

Title: STD ( ) Delete  
Name: ROLLINS, CYNTHIA  
Address: 2627 OAK PARK WAY  
City-St-Zip: ORLANDO, FL 32822

Title: VPD ( ) Delete  
Name: PHILLIPS, KATHY  
Address: 2691 OAK PARK WAY  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: PIPPIN, EVA  
Address: 2725 OAK PARK WAY  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: REBHANN, JILL  
Address: 2687 OAK PARK WAY  
City-St-Zip: ORLANDO, FL 32822

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

Title: PD (X) Change ( ) Addition  
Name: PHILLIPS, KATHY  
Address: 2691 OAK PARK WAY  
City-St-Zip: ORLANDO, FL 32822

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: KATHY PHILLIPS

PD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date