

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

DOCUMENT# 760565

**FILED  
Jan 21, 2009  
Secretary of State**

**Entity Name:** LAKEVIEW OAKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

600 LAKEVIEW RD  
STE A  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

600 LAKEVIEW RD  
STE A  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-2158578      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREGORY, DEY  
600 LAKEVIEW RD STE A  
CLEARWATER, FL 33756      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: PD ( ) Delete  
Name: SMITH, PETER  
Address: 510 LAKEVIEW RD  
City-St-Zip: CLEARWATER, FL 33756

Title: TD ( ) Delete  
Name: GREGORY, DEY  
Address: 600 LAKEVIEW RD STE A  
City-St-Zip: CLEARWATER, FL 337569

Title: SD ( ) Delete  
Name: HARTMAN, DEBBIE  
Address: 600 LAKEVIEW ROAD, #E  
City-St-Zip: CLEARWATER, FL 33756

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

Title: PD (X) Change ( ) Addition  
Name: SMITH, PETER  
Address: 610 LAKEVIEW RD  
City-St-Zip: CLEARWATER, FL 33756

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

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: GREGORY DEY

TD

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date