

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90020 010 ****61.25

DOCUMENT # 763920

1. Entity Name

**LAKEVILLE VILLAGE HOMEOWNERS ASSOCIATION OF
PINELLAS, INC.**



Principal Place of Business

**3868 107 AVE.
CLEARWATER FL 33762
US**

Mailing Address

**P.O. BOX 729
ST. PETERSBURG FL 33731-0729
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2465126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ERDMAN, J J
696 1ST AVE. NORTH
STE. 102
SAINT PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **Jonathan Pawling**
Street Address (P.O. Box Number is Not Acceptable)
Gulf to Bay Property Management
696 1st Ave N Ste 204
City **Saint Petersburg** **FL** Zip Code **33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BOWER, RICHARD**
STREET ADDRESS **3807 107TH AVE N**
CITY-STATE-ZIP **CLEARWATER FL 33762**

TITLE **SD** ☐ Delete
NAME **NIEDERMEIR, JANET**
STREET ADDRESS **3869 107TH AVE. N**
CITY-STATE-ZIP **CLEARWATER FL 33762**

TITLE **TD** ☐ Delete
NAME **JUDD, ARLENE**
STREET ADDRESS **3940 107TH AVE. NORTH**
CITY-STATE-ZIP **CLEARWATER FL 33762**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Jonathan Pawling