
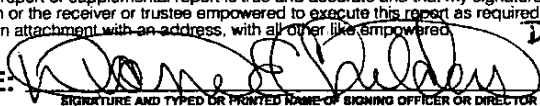


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90005 020 ****61.25

DOCUMENT # 769199			
1. Entity Name LAKEVIEW VILLAS AT PEBBLE CREEK VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 15910 EAGLE RIVER WAY TAMPA, FL 33624 US		Mailing Address 15910 EAGLE RIVER WAY TAMPA, FL 33624 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16105 - N. Florida Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. A	
City & State		City & State Lutz FL	
Zip	Country	Zip	Country
		33549	US
4. FEI Number 59-2327938		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, THOMAS R 15910 EAGLE RIVER WAY TAMPA, FL 33624		Name Steven Mezer	
		Street Address (P.O. Box Number is Not Acceptable)	
		220 S Franklin St	
		City	Zip Code
		Tampa	FL 33602
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GEORGE	NAME	
STREET ADDRESS	18413 RINTREE CT	STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	LUTZ FL 33549
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, DIANE	NAME	
STREET ADDRESS	18439 AINTREE COURT	STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	LUTZ FL 33549
TITLE	SD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGUS, RICHARD	NAME	
STREET ADDRESS	18318 AINTREE COURT	STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP	LUTZ, FL 33549
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	NELSON, RICHARD
STREET ADDRESS		STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP		CITY-ST-ZIP	LUTZ FL 33549
TITLE	<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MAGLIATO, JOSEPH
STREET ADDRESS		STREET ADDRESS	16105 N. FLORIDA #A
CITY-ST-ZIP		CITY-ST-ZIP	LUTZ, FL 33549
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		DIANE CHILDERS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: March 13, 2007	
		Daytime Phone #	

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