


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90054 035 \*\*\*\*61.25

<b>DOCUMENT # 769199</b>					
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 16105 N FLORIDA AVE A LUTZ, FL 33549 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		Country
01222008			Chg-NP		CR2E037 (12/06)
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 220 S FRANKLIN ST TAMPA, FL 33602			Name <u>MEZER, STEVEN</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>1801 N. Highland Ave</u>		
			City <u>Tampa</u>		FL Zip Code <u>33602</u>
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, 2008		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 type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, GEORGE	NAME			
STREET ADDRESS	16105 N. FLORIDA #A	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHILDERS, DIANE	NAME			
STREET ADDRESS	16105 N. FLORIDA #A	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANGUS, RICHARD	NAME	RICHARD A COE JR		
STREET ADDRESS	16105 N. FLORIDA #A	STREET ADDRESS	16105 N. Florida Ave #A		
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP	LUTZ, FL 33649		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NELSON, RICHARD	NAME			
STREET ADDRESS	16105 N. FLORIDA #A	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGLIATO, JOSEPH	NAME			
STREET ADDRESS	16105 N. FLORIDA #A	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549	CITY-ST-ZIP			
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: <u>Diane E Childers</u>			Date: <u>4/14/08</u> (813) Daytime Phone #: <u>247-4557</u>		
DIANE E. Childers					