


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90014 047 ****61.25

DOCUMENT # N02000003693

1. Entity Name
THE ESTATES OF LAKEVIEW VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**UNIVERSITY PROPERTIES, INC
 7001 TEMPLE TERRACE HWY.
 TEMPLE TERRACE, FL 33637**

Mailing Address
**UNIVERSITY PROPERTIES, INC
 7001 TEMPLE TERRACE HWY.
 TEMPLE TERRACE, FL 33637**

54037554



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03112004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
48-1279833

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUARTE, III, ANTONIO
 11959 N. FLORIDA AVE.
 TAMPA, FL 33612**

7. Name and Address of New Registered Agent

**ADDRESS CHANGE
 6221 LAND O LAKES BLVD
 LAND O LAKES, FL 34639**

Zip Code
34639

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

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	D	<input checked="" type="checkbox"/> Delete
NAME	SIKORSKI, FRED	
STREET ADDRESS	4904 EISENHOWER BLVD	
CITY-ST-ZIP	TAMPA, FL 33643	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPADA, MARK	
STREET ADDRESS	4904 EISENHOWER BLVD	
CITY-ST-ZIP	TAMPA, FL 33643	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTORO, CHRIS	
STREET ADDRESS	4904 EISENHOWER BLVD	
CITY-ST-ZIP	TAMPA, FL 33643	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kew Whitman	
STREET ADDRESS	1956 Fruit Ridge Street	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	DU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken FURTH	
STREET ADDRESS	1947 Fruit Ridge	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darryl Salustro	
STREET ADDRESS	1974 Fruit Ridge	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Webster	
STREET ADDRESS	1976 Fruit Ridge St	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTY ROMANO	
STREET ADDRESS	1975 Fruit Ridge	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kew Whitman **Kew Whitman President** 3/18/04 813-651-9446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #