

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003693

FILED  
Apr 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1463 OAKFIELD DRIVE  
SUITE 129  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2608  
VALRICO, FL 33595

**New Mailing Address:**

FEI Number: 48-1279833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COMMUNITIES OF AMERICA, INC.  
1463 OAKFIELD DRIVE  
SUITE 129  
BRANDON, FL 33511 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: D ( ) Delete  
Name: BEERS, WILLIAM  
Address: PO BOX 2608  
City-St-Zip: VALRICO, FL 33595

Title: T ( ) Delete  
Name: DIAZ, LYDIA  
Address: PO BOX 2608  
City-St-Zip: VALRICO, FL 33595

Title: S ( ) Delete  
Name: WHITMAN, BRENDA  
Address: PO BOX 2608  
City-St-Zip: VALRICO, FL 33595

Title: VP ( ) Delete  
Name: BENINGHAUS, LINDA  
Address: PO BOX 2608  
City-St-Zip: VALRICO, FL 33595

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

Title: P (X) Change ( ) Addition  
Name: BEERS, WILLIAM  
Address: PO BOX 2608  
City-St-Zip: VALRICO, FL 33595

Title: VP (X) Change ( ) Addition  
Name: BERNINGHAUS, LINDA  
Address: PO BOX 2608  
City-St-Zip: VALRICO, FL 33595

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

Title: T (X) Change ( ) Addition  
Name: DIAZ, LYDIA  
Address: PO BOX 2608  
City-St-Zip: VALRICO, FL 33595

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: MAE GORDON

ACCT

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date