


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90129 012 \*\*\*\*61.25

**DOCUMENT # N04000011899**

1. Entity Name  
 LAKEVIEW VILLAS P.O.A., INC.



Principal Place of Business  
 2476 N. ESSEX AVE.  
 HERNANDO, FL 34442

Mailing Address  
 2476 N. ESSEX AVE.  
 HERNANDO, FL 34442

**50029939**



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

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

02172005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 20-2025447

Applied For  
 Not Applicable

City & State

Zip Country

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

6. Name and Address of Current Registered Agent

ABEL, ERIC D. ESQ.  
 2476 N. ESSEX AVE.  
 HERNANDO, FL 34442

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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, 2005**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete
NAME	ABEL, ERIC D.	
STREET ADDRESS	2476 N. ESSEX AVE.	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASTOR, JOHN E.	
STREET ADDRESS	2476 N. ESSEX AVE.	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRISKILL, DEB	
STREET ADDRESS	2476 N. ESSEX AVE.	
CITY-ST-ZIP	HERNANDO, FL 34442	
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"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input 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: Deb Driskill **Deb Driskill** 3/16/05 **352-746-6060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #