

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2004
Secretary of State**

DOCUMENT# N16877

Entity Name: LAKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

225 S. WESTMONTE DR.
SUITE 2050
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

New Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147

Current Mailing Address:

P.O. BOX 161606
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-2732593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN
225 WESTMONTE DR.
STE 2050
ALTAMONTE SPRINGS, FL 32714 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: MACKLE, AMELIA
Address: 300 NEW WATERFORD PLACE, #102
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: SMITH, ROBERT
Address: 6881 SE HARBOR CIR
City-St-Zip: STUART, FL 34996

Title: SD () Delete
Name: MILLER, NANCY,
Address: 300 NEW WATERFORD PL#106
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: TOTO, ELIZABETH,
Address: 300 NEW WATERFORD PL#206
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: NORRIS, CAROL
Address: 300 NEW WATERFORD PL.
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: HALL, EILEEN
Address: 300 NEW WATERFORD PL.
City-St-Zip: LONGWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LANZA, EUGENE
Address: 110 ANDREW AVENUE
City-St-Zip: EAST MEADOW, NY 11554

Title: DP (X) Change () Addition
Name: MILLER, NANCY
Address: 300 NEW WATERFORD PL#106
City-St-Zip: LONGWOOD, FL

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY MILLER

P

04/22/2004

Electronic Signature of Signing Officer or Director

Date

JACOB HAMMELING, D
300 NEW WATERFORD PLACE #204
LONGWOOD, FL 32779

ZELMA PARKER, D
300 NEWWATERFORD PLACE #200
LONGWOOD, FL 32779