

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16877

FILED  
Apr 04, 2005  
Secretary of State

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

## Current Mailing Address:

P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 327162147

## New Principal Place of Business:

225 S. WESTMONTE DR.  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

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:

WOMACK, ELLEN  
225 WESTMONTE DR.  
STE 3310  
ALTAMONTE SPRINGS, FL 32714 US

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

04/04/2005

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: LANZA, EUGENE  
Address: 110 ANDREW AVENUE  
City-St-Zip: EAST MEADOW, NY 11554

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

Title: DST (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: ELLEN WOMACK

Electronic Signature of Signing Officer or Director

A

04/04/2005

Date