2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27669

FILED Mar 23, 2004 Secretary of State

Entity Name: LAKEVILLE OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000

LONGWOOD, FL 327795044 US

Current Mailing Address: New Mailing Address:

2180 W. S.R. 434 SUITE 5000

LONGWOOD, FL 32770 US

FEI Number: 59-2909635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W. J HART, JAMES W

SENTRY MANAGEMENT, INC. SENTRY MANAGEMENT, INC

2180 W. STATE ROAD 434, SUITE 5000 2180 W. STATE ROAD 434, SUITE 5000

LONGWOOD, FL 32779 US LONGWOOD, FL 32779 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: JAMES W HART JR 03/23/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

 Name:
 STERN, HARRY
 Name:
 CALLIHAN, BARBARA

 Address:
 6819 OAKMORE LN
 Address:
 6698 HAWKSMOOR DR

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:
 ORLANDO, FL 32818

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 RIVERS, ROSLYN
 Name:
 TUCKER, TAMMY

 Address:
 6519 ABBEYDALE CT.
 Address:
 6321 ABBEYDALE CT

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:
 ORLANDO, FL 32818

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 CAMPS, IVONNE
 Name:
 RIVERS, ROSLYN

 Address:
 6401 HAWKSMOOR DR
 Address:
 6519 ABBEYDALE CT

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:
 ORLANDO, FL 32818

Title: D () Delete Title: TD (X) Change () Addition

 Name:
 VOLK, THOMAS J
 Name:
 MILLER, CORY

 Address:
 6738 KNIGHTSWOOD DR
 Address:
 7016 STONE CHAPEL CT

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:
 ORLANDO, FL 32818

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 BERTRAND, JEAN

 Address:
 Address:
 6773 KNIGHTSWOOD DR

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32818

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: BARBARA CALLIHAN PD 03/23/2004