

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27669

FILED  
Mar 03, 2005  
Secretary of State

Entity Name: LAKEVILLE OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. S.R. 434  
SUITE 5000  
LONGWOOD, FL 32770 US

**New Mailing Address:**

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

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

HART, JAMES W  
SENTRY MANAGEMENT, INC.  
2180 W. STATE ROAD 434, SUITE 5000  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: CALLIHAN, BARBARA  
Address: 6698 HAWKSMOOR DR  
City-St-Zip: ORLANDO, FL 32818

Title: VPD ( ) Delete  
Name: TUCKER, TAMMY  
Address: 6321 ABBEYDALE CT  
City-St-Zip: ORLANDO, FL 32818

Title: SD ( ) Delete  
Name: RIVERS, ROSLYN  
Address: 6519 ABBEYDALE CT  
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete  
Name: MILLER, CORY  
Address: 7016 STONE CHAPEL CT  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: BERTRAND, JEAN  
Address: 6773 KNIGHTSWOOD DR  
City-St-Zip: ORLANDO, FL 32818

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

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

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

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: BARBARA CALLIHAN

PD

03/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date