

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27669

FILED
Sep 04, 2008
Secretary of State

Entity Name: LAKEVILLE OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6519 ABBEYDALE COURT
ORLANDO, FL 32818 US

New Principal Place of Business:

Current Mailing Address:

409 E. OAKLAND AVE.
SUITE C
OAKLAND, FL 34787 US

New Mailing Address:

409 EAST OAKLAND AVE
SUITE C
OAKLAND, FL 34787

FEI Number: 59-2909635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRIDLEWOOD REALTY
409 EAST OAKLAND AVE.
C
OAKLAND, FL 34787 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: RIVERS, ROSLYN
Address: 6519 ABBEYDALE COURT
City-St-Zip: ORLANDO, FL 32818

Title: VPD () Delete
Name: POSTER, RAY
Address: 6608 CANTERLEA DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: SD () Delete
Name: HALL, CORINE
Address: 6513 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 exemption stated in Chapter 119, 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: CORY MILLER

TD

09/04/2008

Electronic Signature of Signing Officer or Director

_____ Date