

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90196 024 \*\*\*\*61.25

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01202008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N98000004586</b>					
1. Entity Name ESTATES AT LAKE VIEW PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 409 E COLLEGE AVE RUSKIN, FL 33570		Mailing Address PO BOX 1058 RUSKIN, FL 33575			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3537503	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, LOU E 409 E COLLEGE AVE RUSKIN, FL 33570			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEPLEY, FRANK		NAME	JOHN BUEENS	
STREET ADDRESS	1121 SIGNATURE DR		STREET ADDRESS	1133 SIGNATURE DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLLINS, KYLE		NAME	GERALD HALTER	
STREET ADDRESS	1114 SIGNATURE DR		STREET ADDRESS	1104 SIGNATURE DR.	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERTIN, ED		NAME		
STREET ADDRESS	1106 SIGNATURE DR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEY, JIM		NAME		
STREET ADDRESS	1132 SIGNATURE DR.		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEZEY, ROBERT		NAME		
STREET ADDRESS	1123 SIGNATURE DR		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert Mezey</i>			Date: <i>Resident</i> (813) 645-1529		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		