

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 02, 2011
Secretary of State**

DOCUMENT# N98000004586

Entity Name: ESTATES AT LAKE VIEW PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**409 E COLLEGE AVE
RUSKIN, FL 33570**New Principal Place of Business:****Current Mailing Address:**PO BOX 1058
RUSKIN, FL 33575**New Mailing Address:****FEI Number:** 59-3537503**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRIMMER, KATHY
409 E COLLEGE AVE
RUSKIN, FL 33570 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:** VP
Name: NENARELLA, ROCCO
Address: 1138 SIGNATURE DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573**Title:** VP
Name: HARTER, JARROLD
Address: 1104 SIGNATURE DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573**Title:** DS
Name: GUERTIN, ED
Address: 1106 SIGNATURE DR
City-St-Zip: SUN CITY CENTER, FL 33573**Title:** TRES
Name: MORRIS, GENE
Address: 1110 SIGNATURE DR.
City-St-Zip: SUN CITY CENTER, FL 33573**Title:** P
Name: KEPLEY, FRANK
Address: 1121 SIGNATURE DR
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby 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 all other like empowered.

SIGNATURE: KATHY E TRIMMER

AGT

12/02/2011

Electronic Signature of Signing Officer or Director

Date