

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90144 001 \*\*\*\*61.25  
07-06-2004 90144 002 \*\*\*\*8.75

**DOCUMENT # N01000001845**

1. Entity Name  
**LAKEVIEW RESERVE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**P O BOX 770758  
WINTER GARDEN, FL 34787 US**

Mailing Address  
**P O BOX 770758  
WINTER GARDEN, FL 34787 US**

**66429492**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012003 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3711872**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARSEN, RICHARD E  
55 E PINE STREET  
ORLANDO, FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete  
NAME **OUBRE, JOHN**  
STREET ADDRESS **125 DESIREE AURORA ST**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **VPD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **DAVIS, ROSEMARY**  
STREET ADDRESS **180 ZACHARY WAYDE ST**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TDP** ☐ Delete  
NAME **EARGLE, DONNA**  
STREET ADDRESS **PO BOX 945**  
CITY-ST-ZIP **APOPKA, FL 32704**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **FEDSTER, HOPE**  
STREET ADDRESS **56 LAICEVIEW RESERVE BLVD**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BENTLEY, BILL**  
STREET ADDRESS **35 ZACHARY WAYDE ST**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition  
NAME **Donna Hillegass**  
STREET ADDRESS **1160 Zachary Wade Street**  
CITY-ST-ZIP **Winter Garden, FL 34787**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

*Donna Eargle*