

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90291 046 ****61.25

DOCUMENT # N02144

1. Entity Name
**LAKEVILLE VILLAGE "ON LAKE GRIFFIN" HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**3340 E DALE STREET
LEESBURG, FL 34788 US**

Mailing Address
**3340 E DALE STREET
LEESBURG, FL 34788 US**



2. Principal Place of Business

3. Mailing Address

02242005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2392774

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

**HANSON, CAROL
3340 E DALE STREET
LEESBURG, FL 34788**

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 May 1, 2005**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROSS, HENRY	
STREET ADDRESS	2440 LAKESIDE DRIVE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCNEILLY, JAMES	
STREET ADDRESS	3335 DALE ST	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HANSON, CAROL	
STREET ADDRESS	3340 E. DALE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, MARILYN	
STREET ADDRESS	3334 E. DALE	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAEGES, ROBERT	
STREET ADDRESS	3366 DEAN STREET	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	WELLS, ARTHUR	
STREET ADDRESS	3323 DALE STREET	
CITY-ST-ZIP	LEESBURG, FL 34788	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASTINGS, RICHARD	
STREET ADDRESS	2371 LAKESIDE DR	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNDIN, ROLAND (LUCKY)	
STREET ADDRESS	3322 DEAN ST	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	SDIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMPI, ELLA LEE	
STREET ADDRESS	3310 DEAN ST	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUNIK, FRANK	
STREET ADDRESS	3355 DEAN ST	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	VP/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANDZINSKI, EUGENE	
STREET ADDRESS	1231 SUNSET DR	
CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, ROLAND	
STREET ADDRESS	1220 CITRUS DR	
CITY-ST-ZIP	LEESBURG, FL 34788	

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 JAMES MCNEILLY, PRESIDENT James McNeilly 352-787-8187
SIGNATURE AND TYPED OR PRINTED SIGNING OFFICER OR DIRECTOR AND DATE