

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26494

FILED
Mar 07, 2006
Secretary of State

Entity Name: LAKEVIEW VILLAGE CONDOMINIUM NO. 10 ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2916244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JR., JAMES W
C/O SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 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: ROWE, PAUL
Address: 6020 SCOTCHWOOD GLEN #108
City-St-Zip: ORLANDO, FL 32822

Title: VPD () Delete
Name: ZIAD, GHALAYINI
Address: 6020 SCOTCHWOOD GLEN #105
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: LAGARES, JENNIFER
Address: 6020 SCOTCHWOOD GLEN #109
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: ZIAD, GHALAYINI
Address: 6020 SCOTCHWOOD GLEN #105
City-St-Zip: ORLANDO, FL 32822

Title: SD (X) Change () Addition
Name: FIORE, SUZANNE
Address: 6020 SCOTCHWOOD GLEN #107
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL ROWE

PD

03/07/2006

Electronic Signature of Signing Officer or Director

Date