
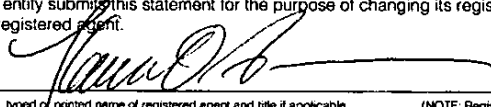
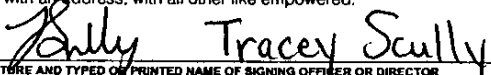


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90044 001 ****61.25

DOCUMENT # N01000001845 1. Entity Name LAKEVIEW RESERVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P O BOX 770758 WINTER GARDEN, FL 34777 US				Mailing Address P O BOX 770758 WINTER GARDEN, FL 34777 US	
2. Principal Place of Business 1750 WEST BROADWAY				3. Mailing Address 1750 W. BROADWAY ST.	
Suite, Apt. #, etc. 118		Suite, Apt. #, etc. 118		50024600	
City & State OVIEDO FL		City & State OVIEDO FL		08012006 Chg-NP CR2E037 (4/06)	
Zip 32765		Zip 32765		4. FEI Number 59-3711872	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TAYLOR, ROBERT 850 CONCOURSE PARKWAY SOUTH SUITE 105 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name KEVIN M. DAVIS Street Address (P.O. Box Number is Not Acceptable) 270 COMMUNITY MGMT. SPECIALISTS, INC 1750 WEST BROADWAY ST. #118 City OVIEDO FL 32765		
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  8/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD GULLETTE, NICHOLAS C 162 ZACHARY WADE STREET WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tracey Scully 267 Zachary Wade St Winter Garden FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERSTREET, MARCUS W 159 LAKEVIEW RESERVE BLVD. WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bradley Stroud 133 Zachary Wade St Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EARGLE, DONNA PO BOX 945 APOPKA, FL 32704	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Karin Kanter 27 Lakeview Reserve Blvd. Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEASTER, HOPE C 56 LAKEVIEW RESERVE BLVD WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARKLAND, JOANN 78 DESIREE AURORA STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  08/01/06 407287-9368 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					