

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90173 009 \*\*\*\*61.25

**DOCUMENT # N01000001845**

1. Entity Name

**LAKEVIEW RESERVE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~411 CENTRAL PARK DRIVE  
SANFORD FL 32771  
407~~

~~670 MID-FLORIDA MANAGEMENT  
6025 S O U HWY 17-92  
GAGSELDERRY FL 32707  
407~~

2. Principal Place of Business

1813 N. Dean Rd  
Suite, Apt. #, etc.  
#103

3. Mailing Address

1813 N. Dean Rd  
Suite, Apt. #, etc.  
#103

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32817

Country

USA

Zip

32817

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3711872**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~SPARE, WILLIAM O CAM  
670 MID-FLORIDA MANAGEMENT  
6025 SOUTH O U HWY 17-92  
GAGSELDERRY FL 32707~~

*delete*

7. Name and Address of New Registered Agent

Name **Penn First Management, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1813 N. DEAN Rd Ste 103**  
City **Orlando** FL Zip Code **32817**

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

**FILE NOW: FEE IS \$61.25**

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	PRIOR, P. THOMAS	
STREET ADDRESS	411 CENTRAL PARK DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, SCOTT C	
STREET ADDRESS	411 CENTRAL PARK DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GREENAWALT, THOMAS H	
STREET ADDRESS	411 CENTRAL PARK DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROUSCH, WILLIAM E	
STREET ADDRESS	411 CENTRAL PARK DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, MICHELE L	
STREET ADDRESS	411 CENTRAL PARK DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President - Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM CAMPBELL	
STREET ADDRESS	23 ZACHARY WADE ST.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VP - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMARY DAVIS	
STREET ADDRESS	180 ZACHARY WADE ST	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	TREASURER - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA EARGLE	
STREET ADDRESS	P O BOX 945	
CITY-ST-ZIP	APOLKA FL 32704	
TITLE	SECRETARY - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPE KEASTER	
STREET ADDRESS	56 LAKEVIEW RESERVE BLVD	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL BENTLEY	
STREET ADDRESS	35 ZACHARY WADE ST.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

5-22-03

407 877-2339

CR2E037 (10/02)