| ALACHUA, FL 32615 | | | | |
|--|---|-----------------------------------|-------------------------------|--------------------|
| Current Ma | iling Address: | | | |
| P.O. BOX 9 ALACHUA, | 69 FL 32616 US | | | |
| FEI Number: 20-3382770 | | Certificate of Status Desired: No | | |
| Name and Address of Current Registered Agent: | | | | |
| BURGESS MA 15010 NW 173 ALACHUA, FL | | | | |
| 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. | | | | |
| | | | | |
| SIGNATURI | E: SANDRA BURGESS | | | 04/09/2020 |
| SIGNATURI | E: SANDRA BURGESS Electronic Signature of Registered Agent | | | 04/09/2020 Date |
| | | | | |
| | Electronic Signature of Registered Agent | Title | PRESIDENT | |
| Officer/Dire | Electronic Signature of Registered Agent | Title Name | PRESIDENT MOWRY, RHONDA | |
| Officer/Dire Title | Electronic Signature of Registered Agent ctor Detail : DIRECTOR | | - | |
| Officer/Dire Title Name Address | Electronic Signature of Registered Agent ctor Detail : DIRECTOR DIEHL, PEGGY | Name Address | MOWRY, RHONDA | |
| Officer/Dire Title Name Address | Electronic Signature of Registered Agent ctor Detail : DIRECTOR DIEHL, PEGGY P.O. BOX 969 | Name Address | MOWRY, RHONDA P.O. BOX 969 | |
| Officer/Dire Title Name Address City-State-Zip: | Electronic Signature of Registered Agent ctor Detail : DIRECTOR DIEHL, PEGGY P.O. BOX 969 ALACHUA FL 32616 | Name Address | MOWRY, RHONDA P.O. BOX 969 | |
| Officer/Dire Title Name Address City-State-Zip: Title | Electronic Signature of Registered Agent ctor Detail : DIRECTOR DIEHL, PEGGY P.O. BOX 969 ALACHUA FL 32616 SECRETARY, TREASURER | Name Address | MOWRY, RHONDA P.O. BOX 969 | |

I hereby 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 all other like empowered.

SIGNATURE: RHONDA MOWRY

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/09/2020

FILED Apr 09, 2020 Secretary of State 7520279152CC

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011172

Entity Name: LAKEVIEW VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15010 NW 173RD ST ALACHUA, FL 32615