2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16877

Entity Name: LAKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM

ASSOCIATION, INC.

Current Principal Place of Business:

323 CIRCLE DR MAITLAND, FL 32751

Current Mailing Address:

323 CIRCLE DR

MAITLAND, FL 32751 US

FEI Number: 59-2732593 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT 323 CIRCLE DR MAITLAND, FL 32751 US

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

FILED Apr 29, 2021

Secretary of State

4297800656CC

Officer/Director Detail:

Title PRESIDENT, SECRETARY,

TREASURER

Name SHELLEY, JAMES G

Address 323 CIRCLE DR

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR

Name LO, MARY C.

Address 323 CIRCLE DR

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR

Name MAQUIRE, BERNARD N.

Address 323 CIRCLE DR

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR

Name EGGERTON, JACQUELYN

Address 323 CIRCLE DR

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR

Name HALL, EILEEN

Address 323 CIRCLE DR

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR

Name MACKLE, AMELIA

Address 323 CIRCLE DR

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR

Name YOUNT, JUSTIN

Address 323 CIRCLE DR

City-State-Zip: MAITLAND FL 32751

Title DIRECTOR

Name DEL CASTILLO, LORI

Address 323 CIRCLE DR

City-State-Zip: MAITLAND FL 32751

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: JAMES G SHELLEY

PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date