

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16877

**Entity Name:** LAKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 18, 2016**  
**Secretary of State**  
**CC2567551686**

**Current Principal Place of Business:**

225 S WESTMONTE DR  
STE #3310  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

PO BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number: 59-2732593**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VISTA COMMUNITY ASSOCIATION MANAGEMENT  
225 S WESTMONTE DR  
#3310  
ALTAMONTE SPRINGS, FL 32714 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

**Officer/Director Detail :**

Title           PRESIDENT, SECRETARY, DIRECTOR  
Name           SHELLEY, JAMES  
Address        PO BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           TREASURER, DIRECTOR  
Name           AMES, GERALD E.  
Address        PO BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           DIRECTOR  
Name           HALL, EILEEN  
Address        PO BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           DIRECTOR  
Name           LO, MARY C.  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           DIRECTOR  
Name           MACKLE, AMELIA  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           DIRECTOR  
Name           MAQUIRE, BERNARD N.  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           DIRECTOR  
Name           NORRIS, CAROL  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title           DIRECTOR  
Name           YOUNT, JUSTIN  
Address        P.O. BOX 162147  
City-State-Zip: ALTAMONTE SPRINGS FL 32716

*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**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date