2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 722625

1. Entity Name
LAKEVIEW PARK HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
701 HOPSON RD FROSTPROOF, FL 33843	7301 LYNCHBURG ROAD WINTER HAVEN, FL 33881 US

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01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
24-7402777
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DELORIS
7301 LYNCHBURG ROAD
WINTER HAVEN, FL 33881

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARKE, KATIE
STREET ADDRESS	37 BANNEKER LANE
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	S
NAME	WILSON, CHRISTINE
STREET ADDRESS	50 QUEENS CT.
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	T
NAME	WATTS, SHIRLEY
STREET ADDRESS	34 ATTUCKS CIRCLE
CITY-ST-ZIP	FROSTPROFF, FL 33843
TITLE	V
NAME	LOPEZ, BERNICE
STREET ADDRESS	5758 RANDALL ROAD
CITY-ST-ZIP	FROSTPROFF, FL 33843
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Katie Clarke 01-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #