


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 8:00 am
Secretary of State


03-19-2008 90027 016 ****70.00

DOCUMENT # 722625 1. Entity Name LAKEVIEW PARK HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business 701 HOPSON RD FROSTPROOF, FL 33843	Mailing Address P.O. BOX 3126 WINTER HAVEN, FL 33885 US
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DO NOT WRITE IN THIS SPACE

40043522



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 24-7402777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DELORIS
~~2801 LYNCHBURG ROAD~~ 300 Lynchburg Road
~~WINTER HAVEN, FL 33881~~ Lake Alfred, FL 33850

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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IN THIS SPACE**

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* **March 3, 2008** (863)635-4928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #