

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90199 005 ****61.25

DOCUMENT # 723541 1. Entity Name LAKE VILLAS CONDOMINIUM, INC.			
Principal Place of Business 118 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701		Mailing Address 118 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business 135 W. Pineview St Suite, Apt. #, etc.		3. Mailing Address 135 W. Pineview St Suite, Apt. #, etc.	
City & State Altamonte Sp. FL		City & State Altamonte Sp FL	
Zip 32714		Country USA	
4. FEI Number 59-1631647		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLOOD, KEVIN PATRICK 2163 COLLEGE STREET JACKSONVILLE, FL 32204-3705		7. Name and Address of New Registered Agent Name: PRESIDENTIAL GROUP South Street Address (P.O. Box Number is Not Acceptable): 135 W. Pineview St City: Altamonte Sp FL Zip Code: 32714	
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		ANTHONY GUADAGNINO <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FLOOD, KEVIN PATRICK 2163 COLLEGE STREET JACKSONVILLE, FL 322043705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGE, EDITH 164 MAITLAND AVE ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNYDER, VERA 134 LAKE VILLAS DR. ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PAMELA, SWANSON 668 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFER, CARL H 890 LAKE VILLAS DRIVE ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATES, JOANN 136 MAITLAND AVE. ALTAMONTE SPRINGS, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		ELVIRA SNYDER 4/11/06 <small>Date</small>	
Daytime Phone #		Daytime Phone #	