

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90088 005 ****61.25

DOCUMENT # 723541

1. Entity Name
LAKE VILLAS CONDOMINIUM, INC.



Principal Place of Business
**135 W PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**135 W PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714**

40004774



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1631647

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRESIDENTIAL GROUP SOUTH
135 W PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FLOOD, KEVIN PATRICK
2163 College St.
Jacksonville, FL 32204-3705** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
FAY, FLOOD
662 LAKE VILLAS DR
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FLOOD, RAY
662 Lake Villas Dr.
Altamonte Springs, FL 32701** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SNYDER, VERA
134 LAKE VILLAS DR.
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
TAYLOR, FRED
678 Lake Villas Dr.
Altamonte Springs, FL 32701** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SEC
PAMELA, SWANSON
668 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SEC
Pope, Micki
1141 Maitland Ave
Altamonte Springs, FL 32701** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SCHAFFER, CARL H
690 LAKE VILLAS DRIVE
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SCHAFFER, CARL H
690 Lake Villas Drive
Altamonte Springs, FL 32701** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GATES, JOANN
136 MAITLAND AVE.
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Pres
Gates, Joann
136 Maitland Ave.
Altamonte Springs, FL 32701** ☒ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #