

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90028 022 ****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**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202008 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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **D** ☒ Delete
NAME **FLOOD, KEVIN PATRICK**
STREET ADDRESS **2163 COLLEGE STREET**
CITY-ST-ZIP **JACSONVILLE, FL 322043705**

TITLE **VP Mike Knox** ☐ Change ☒ Addition
NAME **162 maitland Ave**
STREET ADDRESS **Altamonte Sp FL 32701**
CITY-ST-ZIP

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

TITLE **Ray, Flood** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **S Pam swanson** ☐ Change ☐ Addition
NAME **668 LAKE villas Dr**
STREET ADDRESS **Altomonte Springs FL 32701**
CITY-ST-ZIP

TITLE **SEC** ☒ Delete
NAME **PAGE, MICKI**
STREET ADDRESS **164 MCAICINO AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **T Fred Taylor** ☐ Change ☐ Addition
NAME **678 LAKE villas Dr.**
STREET ADDRESS **Altamonte SP FL 32701**
CITY-ST-ZIP

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

TITLE **D JOY ARNOLD** ☐ Change ☐ Addition
NAME **670 A Lake villas Dr.**
STREET ADDRESS **Altomonte SP FL 32701**
CITY-ST-ZIP

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

TITLE **P Ceil Layfield** ☒ Change ☐ Addition
NAME **186 B maitland Ave**
STREET ADDRESS **Altamonte SP FL 32701**
CITY-ST-ZIP

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:

Cecil Layfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

Date

Daytime Phone #