2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Check 3605

FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90054 011 ****61.25

DOCUMENT # 724173

1. Entity Name

LAKES VILLAGE WEST CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
631-A MIDWAY DRIVE OCALA FL 34472 US	631-A MIDWAY DRIVE OCALA FL 34472 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1525239 ☐ Applied For ☐ Not Applicable

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
DEMAND, REUBEN 653-A MIDWAY DR. OCALA FL 32672	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

FILE NOW: 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	VD DWIGHT H. ROBBINS 661-A MIDWAY DR OCALA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD LESLIE CASS 661-A Midway Drive Ocala, FL. 34472	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, NORMAN P 649-B MIDWAY DR OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SUSAN RICKS DIRECTOR 617-A Midway Drive Ocala, FL. 34472	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD KELLY, ROBERT J 633-A MIDWAY DR. OCALA FL 34472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D JOHNSON, HOWARD, L 637-A MIDWAY DR OCALA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAPLES, LUCILLE 645-A MIDWAY DR OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WELLER, SHERRI L 633-B MIDWAY DR OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Reuben Demand Reuben Demand 4-25-07 352-687-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #