

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724173

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** LAKES VILLAGE WEST CONDOMINIUM, INC.

**Current Principal Place of Business:**

631-A MIDWAY DRIVE  
OCALA, FL 34472 US

**New Principal Place of Business:**

**Current Mailing Address:**

631-A MIDWAY DRIVE  
OCALA, FL 34472 US

**New Mailing Address:**

**FEI Number:** 59-1525239

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASS, LESLIE  
661-A MIDWAY DR  
OCALA, FL 34472 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** CASS, LESLIE PRES.  
**Address:** 661-A MIDWAY DR  
**City-St-Zip:** Ocala, FL 34472

**Title:** VP  
**Name:** NELSON, NORMAN P VP  
**Address:** 649-B MIDWAY DR  
**City-St-Zip:** Ocala, FL 34472

**Title:** TD  
**Name:** RICKS, SUSAN TREAS.  
**Address:** 617-A MIDWAY DRIVE  
**City-St-Zip:** Ocala, FL 34472

**Title:** D  
**Name:** WELLER, SHERRI L DIR.  
**Address:** 633-B MIDWAY DR  
**City-St-Zip:** Ocala, FL 34472

**Title:** SD  
**Name:** WILLIAMS, KATHY SEC.  
**Address:** 635-A MIDWAY DR.  
**City-St-Zip:** Ocala, FL 34472

**Title:** D  
**Name:** KELTNER, LARRY DIR.  
**Address:** 615-A MIDWAY DR.  
**City-St-Zip:** Ocala, FL 34472

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LESLIE A. CASS

PD

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date