2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# 734989

Entity Name: LAKEVIEW PROFESSIONAL VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

516 LAKEVIEW RD BLDG 5
VILLA 6
CLEARWATER, FL 33756 US

New Principal Place of Business:

516 LAKEVIEW RD BLDG 6
VILLA 6
CLEARWATER, FL 33756 US

Current Mailing Address:

516 LAKEVIEW RD BLDG 5
VILLA 6
CLEARWATER, FL 33756 US

New Mailing Address:

516 LAKEVIEW RD BLDG 6
VILLA 6
CLEARWATER, FL 33756 US

FEI Number: 59-1684807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOUTON, NANETTE
516 LAKEVIEW RD BUILDING 6
CLEARWATER, FL 33756 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 ( ) Delete
Name: MOUTON, NANETTE
Address: 516 LAKEVIEW RD BLDG 5
City-St-Zip: CLEARWATER, FL 33756

Title: DS ( ) Delete
Name: WARREN, CAROL
Address: 516 LAKEVIEW ROAD, BLDG. 6
City-St-Zip: CLEARWATER, FL 34616

Title: TD (X) Delete
Name: BANKS, RICHARD
Address: 516 LAKEVIEW RD BLDG 3
City-St-Zip: CLEARWATER, FL 33756

Title: T (X) Delete
Name: BETHEL, DORIS
Address: 516 LAKEVIEW ROAD, BLDG. 5
City-St-Zip: CLEARWATER, FL 34616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOUTON, NANETTE
Address: 516 LAKEVIEW RD BLDG 6
City-St-Zip: CLEARWATER, FL 33756

Title: DS (X) Change ( ) Addition
Name: WARREN, CAROL
Address: 516 LAKEVIEW ROAD, BLDG. 9
City-St-Zip: CLEARWATER, FL 34616

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANETTE MOUTON PD 01/12/2009

Electronic Signature of Signing Officer or Director — Date