

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748621

FILED
Apr 13, 2005
Secretary of State

Entity Name: LAKEVIEW HILLS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3146373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: SD () Delete
Name: KEENE, ARTHUR (JEFF)
Address: 960 BROGDEN DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: TD () Delete
Name: CARLS, DAVID
Address: 2365 LAKEVIEW AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: PATTERSON, DAVE
Address: 2400 LAKEVIEW AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: DRURY, GILBERT
Address: 2294 LAKEVIEW AVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: LANGE, DAVE
Address: 955 BROGDEN DR
City-St-Zip: CLERMONT DR., FL 34711

Title: D () Delete
Name: STIPANOVICH, STEVE
Address: 2450 LAKEVIEW AVENUE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: KEENE, ARTHUR
Address: 960 BROGDEN DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: PD (X) Change () Addition
Name: CARLS, DAVID
Address: 2365 LAKEVIEW AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: TD (X) Change () Addition
Name: PATTERSON, DAVE
Address: 2400 LAKEVIEW AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: SD (X) Change () Addition
Name: DRURY, GILBERT
Address: 2294 LAKEVIEW AVE
City-St-Zip: CLERMONT, FL 34711

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 for the exemption stated in Section 119.07(3)(i), 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: DAVID CARLS

PD

04/13/2005

Electronic Signature of Signing Officer or Director

Date