## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 748621**

FILED Apr 20, 2006 Secretary of State

Entity Name: LAKEVIEW HILLS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 59-3146373 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD ( ) Delete () Change () Addition KEENE, ARTHUR Name: Name: 960 BROGDEN DRIVE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: PD Title: ( ) Delete () Change () Addition CARLS, DAVID Name: Name: Address: 2365 LAKEVIEW AVENUE Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: () Delete Title: TD (X) Change ( ) Addition PATTERSON, DAVE DRURY, ED Name: Name: 2400 LAKEVIEW AVENUE 2294 LAKEVIEW AVENUE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 (X) Change ( ) Addition Title: SD () Delete Title: SD SERVISS, ED Name: DRURY, GILBERT Name: Address: 2294 LAKEVIEW AVE Address: 900 HADDOCK DR City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change () Addition LANGE, DAVE Name: Name: 955 BROGDEN DR Address: Address: City-St-Zip: CLERMONT DR., FL 34711 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition STIPANOVICH, STEVE PUGLISI, JOHN Name: Name: Address: 2450 LAKEVIEW AVENUE Address: 23385 LAKEVIEW AVENUE CLERMONT, FL 34711 CLERMONT, FL 34711 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID CARLS PD 04/20/2006