2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90141 023 ****61.25

DOCUMENT # 752194

1. Entity Name
LAKEVIEW VILLAS CONDOMINIUM OWNERS' ASSOCIATION,INC.

Principal Place of Business	Mailing Address
P.O. BOX 3839 SEBRING, FL 33871-3839	P.O. BOX 3839 SEBRING, FL 33871-3839

04142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O.B ox 8036 Suite, Apt. #, etc.	P.O. Box 8036 Suite, Apt. #, etc.
City & State: Sebring,FL. 33872	City & State: Sebring,FL. 33872
Zip / Country	Zip / Country

4. FEI Number 44-2068130 ☐ 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
BOYD, LINDA Y. 3501 MONZA DR. SEBRING, FL 33872	Name: Ruth K. Davis, Inc Faye Pack MGMT Street Address (P.O. Box Number is Not Acceptable): 1981 US 27 South City: Sebring,FL. 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: Ruth K. Davis, Inc. Faye PAck Faye Pack 04/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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	STD HORN, ADOLF 4829 VILABELLA DR. SEBRING, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOYD, WILLIAM 3501 MONZA DR. SEBRING, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUDRIET, BOYD 4849 VILABELLA DR SEBRING, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PICKLESIMER, NAOMI 4833 VILABELLA DR SEBRING, FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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 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: Naomi Picklesimer Naomi Picklesimer 4-29-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #