

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-23-2006 90023 001 ****61.25

DOCUMENT # 752194 1. Entity Name LAKEVIEW VILLAS CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 8036 SEBRING, FL 33871-3839				Mailing Address P.O. BOX 8036 SEBRING, FL 33871-3839	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
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 PACK, FAYE RUTH K. DAVIS, INC. 1981 US 27 SOUTH SEBRING, FL 33872			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 <u><i>Faye Pack</i></u> <u><i>Managers</i></u> <u><i>4-3-06</i></u> Signatures, 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, 2006		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	D BALLANTYNE, JOHN 4837 VILABELLA DRIVE SEBRING, FL 33872 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John Ballantyne ☐ Change ☐ Addition 4837 Vilabella Dr. Sebring FL 33872	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COUDRIET, BOYD 4849 VILABELLA DR SEBRING, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Boyd Couderiet ☐ Change ☐ Addition 4849 Vilabella Dr. Sebring FL 33872	
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	P VOGELSANG, RICK 4847 VILABELLA DRIVE SEBRING, FL 33872 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, PAUL 4825 VILABELLA DRIVE SEBRING, FL 33872 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Paul Brown ☐ Change ☐ Addition 4825 Vilabella Dr. Sebring FL 33872	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jan Hollinger ☐ Change ☒ Addition 4829 Vilabella Dr Sebring FL 33872	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u><i>Faye Pack</i></u> <u><i>3/10/06</i></u> Signature and typed or printed name of signing officer or director Date Daytime Phone #					