

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90016 031 ****61.25

DOCUMENT # 757285 1. Entity Name LAKE VIEW CONDOMINIUM NO. 1 ASSOCIATION, INC.					
Principal Place of Business C/O PRESIDENTIAL GROUP SO. 135 W. PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714 US			Mailing Address C/O PRESIDENTIAL GROUP SO. 135 W. PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2147847	
Zip		Country		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	
PRESIDENTIAL GROUP SOUTH, INC.				Name	
135 W. PINEVIEW ST.				Street Address (P.O. Box Number is Not Acceptable)	
ALTAMONTE SPRINGS, FL 32714				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 _____ 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, 2007		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	PD	☒ Delete	TITLE	President	☐ Change ☒ Addition
NAME	SHEA, KIM		NAME	Simmons, Christine	
STREET ADDRESS	2353 OAK PARK WAY		STREET ADDRESS	2427 Oak Park Way	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Orlando, FL 32822	
TITLE	VPD	☒ Delete	TITLE	Vice President	☐ Change ☒ Addition
NAME	SHARP, SHARON		NAME	Galkin, Raquel	
STREET ADDRESS	2397 OAK PARK WAY		STREET ADDRESS	2415 Oak Parkway	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Orlando, FL 32822	
TITLE	T	☒ Delete	TITLE	Treasurer	☐ Change ☒ Addition
NAME	KIRLAND, ANGELA		NAME	ROBERTS, VICTORIA	
STREET ADDRESS	2443 OAK PARK WAY		STREET ADDRESS	3451 Oak Park Way	
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	Orlando, FL 32822	
TITLE		☐ Delete	TITLE	Secretary	☐ Change ☒ Addition
NAME			NAME	Goudeau, Patricia	
STREET ADDRESS			STREET ADDRESS	2431 Oak Park Way	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32822	
TITLE		☐ Delete	TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME			NAME	Ogle, Robert	
STREET ADDRESS			STREET ADDRESS	2324 Oak Park Way	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32822	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/11/07</u> 408 384200 Deputy Phone #		