

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000607

FILED
Apr 30, 2008
Secretary of State

Entity Name: LAKE VIEW VILLAGE AT CALA HILLS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

1136 NORTHEAST 14TH ST
OCALA, FL 34470

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

1136 NORTHEAST 14TH STREET
OCALA, FL 34470

FEI Number: 59-3733490

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:

CONRAD, WALTER
1136 NE 14TH ST
OCALA, FL 34470 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: WALTER CONRAD

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONRAD, WALTER
Address: 2620 SW 20TH CIRCLE
City-St-Zip: OCALA, FL 34474

Title: PD () Delete
Name: GREENE, SUE
Address: P.O. BOX 188
City-St-Zip: FORT MC COY, FL 32134

Title: D () Delete
Name: HALLMARK, CHRIS
Address: 2649 SW 20TH CIRCLE
City-St-Zip: OCALA, FL 34474

Title: TD () Delete
Name: STENNIE, EDWARD
Address: 2644 SW 20TH CIRCLE
City-St-Zip: OCALA, FL 34474

Title: SD () Delete
Name: SHUTACK, CAROL
Address: 2625 SW 20TH CIRCLE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ADAMS, DENNIS
Address: 1136 NE 14TH ST
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify 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: WALTER CONRAD

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date