

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000607

FILED  
Feb 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1136 NORTHEAST 14TH ST  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1136 NORTHEAST 14TH STREET  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:** 59-3733490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

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: ADAMS, DENNIS  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CONRAD, WALTER  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

Title: PD (X) Change ( ) Addition  
Name: GREENE, SUE  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

Title: D (X) Change ( ) Addition  
Name: HALLMARK, JANICE  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

Title: TD (X) Change ( ) Addition  
Name: STENNIE, EDWARD  
Address: 1136 NE 14TH ST  
City-St-Zip: OCALA, FL 34470

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

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: SUE GREENE

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date