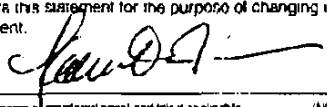
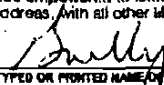


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90032 023 ****61.25

DOCUMENT # N01000001845					
1. Entity Name LAKEVIEW RESERVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1750 WEST BROADWAY SUITE 118 OVIEDO, FL 32765 US			Mailing Address 1750 WEST BROADWAY SUITE 118 OVIEDO, FL 32765 US		
2. Principal Place of Business No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3711872	
				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		
DAVIS, KEVIN M C/O COMMUNITY MGMT. SPECIALISTS, INC. 1750 WEST BROADWAY ST SUITE 118 OVIEDO, FL 32765			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. This 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:  3/20/07 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required with filing) DATE					
Filing Fee is \$81.25 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	D	☐ Change ☒ Addition
NAME	SCULLY, TRACEY		NAME	Campbell, Jim	
STREET ADDRESS	267 ZACHARY WADE ST		STREET ADDRESS	23 Zachary Wade Street	
CITY-STATE-ZIP	WINTER GARDEN, FL 34787		CITY-STATE-ZIP	Winter Garden, FL 34787	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STROUD, BRADLEY		NAME		
STREET ADDRESS	133 ZACHARY WADE ST		STREET ADDRESS		
CITY-STATE-ZIP	WINTER GARDEN, FL 34787		CITY-STATE-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	KANTER, KARIN		NAME		
STREET ADDRESS	27 LAKEVIEW RESERVE BLVD		STREET ADDRESS		
CITY-STATE-ZIP	WINTER GARDEN, FL 34787		CITY-STATE-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARKLAND, JOANN		NAME		
STREET ADDRESS	78 DESIREE AURORA STREET		STREET ADDRESS		
CITY-STATE-ZIP	WINTER GARDEN, FL 34787		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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:  Tracey Scully, President 04/03/07 407 287 4368 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					