2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000001845

FILED Jun 16, 2007 Secretary of State

Entity Name: LAKEVIEW RESERVE HOMEOWNERS' ASSOCIATION, INC. **Current Principal Place of Business:** New Principal Place of Business: 1750 WEST BROADWAY 2582 SOUTH MAGUIRE RD SUITE 118 SUITE 318 OVIEDO, FL 32765 OCOEE, FL 34761 **Current Mailing Address:** New Mailing Address: 1750 WEST BROADWAY PO BOX 783367 WINTER GARDEN, FL 34778 SUITE 118 US OVIEDO, FL 32765 FEI Number: 59-3711872 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: DAVIS, KEVIN M SOLOMON, SPENCER C/O COMMUNITY MGMT. SPECIALISTS, INC. 14443 PRUNNINGWOOD PLACE 1750 WEST BROADWAY ST SUITE 118 WINTER GARDEN, FL 34787 OVIEDO, FL 32765 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: SPENCER SOLOMON 06/16/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SCULLY, TRACEY Name: Name: 267 ZACHARY WADE ST Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: SD Title: () Delete () Change () Addition STROUD, BRADLEY Name: Name: Address: 133 ZACHARY WADE ST Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARKLAND, JOANN Name: JOHNSON, RHONDA Name: 78 DESIREE AURORA STREET 140 LAKEVIEW RESERVE BLVD Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 () Delete Title: Title: (X) Change () Addition Name: CAMPBELL, JIM Name: HARFORD, LARRY 23 ZACHARY WADE ST Address: Address: 133 ZACHARY WADE ST City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: () Delete Title: () Change (X) Addition CAMPBELL, JIM Name: Name: 23 ZACHARY WADE ST Address: Address: WINTER GARDEN, FL 34787 City-St-Zip: 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: SPENCER SOLOMON RΑ 06/16/2007