

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 07, 2008
Secretary of State

DOCUMENT# N01000001845

Entity Name: LAKEVIEW RESERVE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2582 SOUTH MAGUIRE RD
SUITE 318
OCOOEE, FL 34761 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 783367
WINTER GARDEN, FL 34778 US**New Mailing Address:****FEI Number:** 59-3711872**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOLOMON, SPENCER
14443 PRUNNINGWOOD PLACE
WINTER GARDEN, FL 34787 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: PD () Delete
Name: SCULLY, TRACEY
Address: 267 ZACHARY WADE ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD () Delete
Name: STROUD, BRADLEY
Address: 133 ZACHARY WADE ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: JOHNSON, RHONDA
Address: 140 LAKEVIEW RESERVE BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: HAFORD, LARRY
Address: 133 ZACHARY WADE ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: HUMMEL, BETSY
Address: 145 ZACHARY WADE ST
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CAMPBELL, JIM
Address: 23 ZACHARY WADE ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD (X) Change () Addition
Name: STROUD, BRADLEY
Address: 133 ZACHARY WADE ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: PD (X) Change () Addition
Name: JOHNSON, RHONDA
Address: 140 LAKEVIEW RESERVE BLVD
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD (X) Change () Addition
Name: HAFORD, LARRY
Address: 301 ZACHARY WADE ST
City-St-Zip: WINTER GARDEN, FL 34787

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: SPENCER SOLOMON

RA

05/07/2008

Electronic Signature of Signing Officer or Director

Date