2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90173 009 ****61.25

DOCUMENT # N01000001845

1. Entity Name
LAKEVIEW RESERVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~411 CENTRAL PARK DRIVE~~	~~C/O MID-FLORIDA MANAGEMENT~~
~~SANFORD FL 32771~~	~~5025 S U S HWY 17-92~~
~~US~~	~~CASSELBERRY FL 32707~~
	~~US~~

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1813 N. Dean Rd	1813 N. Dean Rd
Suite, Apt. #, etc. #103	Suite, Apt. #, etc. #103
City & State Orlando, FL	City & State Orlando, FL
Zip 32817 Country USA	Zip 32817 Country USA

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
~~SPARE, WILLIAM G CAM~~ ~~C/O MID-FLORIDA MANAGEMENT~~ ~~5025 SOUTH U S HWY 17-92~~ ~~CASSELBERRY FL 32707~~ delete	Name Penn First Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 1813 N. Dean Rd Ste 103 City Orlando FL Zip Code 32817

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lawrence M. Sheeler, President 5/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD PRIOR, P. THOMAS 411 CENTRAL PARK DRIVE SANFORD FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Director Jim CAMPBELL 23 Zachary Wade St. Winter Garden FL 34787 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOWARD, SCOTT C 411 CENTRAL PARK DRIVE SANFORD FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - Director ROSEMARY DAVIS 180 ZACHARY WADE ST WINTER GARDEN FL 34787 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREENAWALT, THOMAS H 411 CENTRAL PARK DRIVE SANFORD FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer - Director DONNA EAGLE P O Box 945 APOPKA FL 32704 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROUSCH, WILLIAM E 411 CENTRAL PARK DRIVE SANFORD FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary - Director HOPE FEASTER 56 Lakeview Reserve Blvd WINTER GARDEN FL 34787 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMPSON, MICHELE L 411 CENTRAL PARK DRIVE SANFORD FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director BILL BENTLEY 35 ZACHARY WADE ST. WINTER GARDEN FL 34787 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED 5-22-03 407 877-8339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #