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

FILED

03 OCT -8 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001845

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

Principal Place of Business	Mailing Address
1813 N DEAN RD. #103 ORLANDO, FL 32817 US	1813 N DEAN RD. #103 ORLANDO, FL 32817 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P.O. Box 770758	P.O. Box 770758
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden, FL	City & State: Winter Garden, FL
Zip: 34787 Country:	Zip: 34787 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
PENN FIRST MANAGEMENT, INC. 1813 N DEAN RD. #103 ORLANDO, FL 32817	Name: Richard E. Larsen Street Address (P.O. Box Number is Not Acceptable): 55 E. Pine Street City: Orlando, FL Zip Code: 32801

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: RWL 10/6/03
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
Initial or Amended UBR

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	PD CAMPBELL, JIM 23 ZASHARY WADE ST WINTER GARDEN, FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Oubre, John 125 Desiree Aurora St. Winter Garden, FL 34787 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DAVIS, ROSEMARY 180 ZACHARY WAYDE ST WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300023642853 10/08/03--01031--004 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EARGLE, DONNA PO BOX 945 APOPKA, FL 32704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Eargle, Donna ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FEDSTER, HOPE 56 LAICEVIEW RESERVE BLVD WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENTLEY, BILL 35 ZACHARY WAYDE ST WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Donna Eargle Donna Eargle, President 9/30/03 (407)646-9644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #