

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006691

FILED  
May 03, 2005  
Secretary of State

Entity Name: LAKEVUE VILLAS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

LAKEBRIDGE/NATURAL TRAIL  
ARBORVUE TRAIL  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

507-C HERBERT STREET  
PORT ORANGE, FL 32129

## New Mailing Address:

533 N. NOVA ROAD  
SUITE 211  
ORMOND BEACH, FL 32174

FEI Number: 59-3476087      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

REIMER, R L  
C/O ATLANTIC COMM ASSOC MGMT & ACCTNG INC  
507-C HERBERT STREET  
PORT ORANGE, FL 32129 US

## Name and Address of New Registered Agent:

NORTH SHORE MANAGEMENT GROUP, INC.  
533 N. NOVA ROAD  
SUITE 211  
ORMOND BEACH, FL 32174 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: TERESA FARIS

05/03/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KILPATRICK, E. GRAY  
Address: 141 NATURE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete  
Name: CROCKETT, ELOISE  
Address: 205 ARBORVE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete  
Name: SCUDIERO, MARIANNE  
Address: 153 NATURE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete  
Name: NICHOLS, LOUISE  
Address: 543 LAKE BRIDGE DR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: FATTA, ALANA  
Address: 106 NATURE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BOURLAND, CHRISTOPHER  
Address: 221 ARBORVUE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BENDER, REBECCA  
Address: 118 NATURE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELOISE CROCKETT

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05/03/2005

Electronic Signature of Signing Officer or Director

Date