

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006691

FILED
Apr 27, 2007
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:

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

New Mailing Address:

FEI Number: 59-3476087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTH SHORE MANAGEMENT GROUP, INC.
533 N. NOVA ROAD
SUITE 211
ORMOND BEACH, FL 32174 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: BOURLAND, CHRISTOPHER
Address: 221 ARBORVUE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD () 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: D () Delete
Name: ROTH, JOSEPH
Address: 125 NATURE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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: ELOISE CROCKETT

ST

04/27/2007

Electronic Signature of Signing Officer or Director

Date