

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006691

FILED  
Feb 03, 2012  
Secretary of State

**Entity Name:** LAKEVUE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

LAKEBRIDGE/NATURE TRAIL  
ARBORVUE TRAIL  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

533 N. NOVA ROAD  
SUITE 215A  
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 215A  
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  
Name: BOURLAND, CHRISTOPHER  
Address: 221 ARBORVUE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD  
Name: CROCKETT, ELOISE  
Address: 205 ARBORVE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

Title: D  
Name: WILKES, EDWARD  
Address: 106 NATURE TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER BOURLAND

P

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date