

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N03000006904

1. Entity Name

THE RESERVE AT LAKEVIEW CONDOMINIUM
ASSOCIATION, INC.



**FILED
May 12, 2008 8:00 am
Secretary of State**

05-12-2008 90036 018 ****61.25



1st MOORE CR2E037 (10/07)

| | | | | | | | |
|---|---------|--|---------|--|--|--|--|
| Principal Place of Business | | Mailing Address | | | | | |
| 6013 SCOTCHWOOD GLEN #21 ORLANDO FL 32822 | | C/O LIGHTHOUSE MGMT PO BOX 0774 WINTERMERE FL 34786-0774 | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| TAYLOR, ROBERT L ESQ 850 CONCOURSE PKWY #105 MAITLAND FL 32751 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City FL Zip Code | | | |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW! FEE IS \$61.25
Due By May 1, 2008**

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 | P SANTANA, SANDRA 6013 SCOTCHWOOD GLEN #21 ORLANDO FL 32822 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | R | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SHERENE, CHRISTIE 6013 SCOTCHWOOD GLEN #18 ORLANDO FL 32822 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DAVILLA, FELIX 6007 SCOTCHWOOD GLEN #30 ORLANDO FL 32822 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sandra Santana* SANDRA SANTANA PRESIDENT 4/30/08

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR