

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

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

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

DOCUMENT # N03000006904

1. Entity Name

**THE RESERVE AT LAKEVIEW CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**6013 SCOTCHWOOD GLEN
#21
ORLANDO FL 32822**

Mailing Address

**C/O LIGHTHOUSE MGMT
PO BOX 0774
WINDERMERE 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

1st MOORE

CR2E037 (10/07)

4. FEI Number
16-1702817

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

**TAYLOR, ROBERT L ESO
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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D P ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SHERENE, CHRISTIE
6013 SCOTCHWOOD GLEN #18
ORLANDO FL 32822** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DAVILLA, FELIX
6007 SCOTCHWOOD GLEN #30
ORLANDO FL 32822** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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☐ Change ☐ Addition

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 4/24/08**