

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009042

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** LAKE VISTA RESIDENCES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3301 WHITFIELD AVE  
SARASOTA, FL 34243

**New Principal Place of Business:**

7703 LAKE VISTA COURT  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

3301 WHITFIELD AVE  
SARASOTA, FL 34243

**New Mailing Address:**

595 BAY ISLES ROAD  
SUITE 200  
LONGBOAT KEY, FL 34228

FEI Number: 20-5177221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORTON, SAM D  
1819 MAIN ST STE 610  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

BETH CALLANS MANAGEMENT CORPORATION  
595 BAY ISLES ROAD  
SUITE 200  
LONGBOAT KEY, FL 34228 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: BETH CALLANS MANAGEMENT CORPORATION

04/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SHARP, III, LEMUEL  
Address: 3301 WHITFIELD AVE  
City-St-Zip: SARASOTA, FL 34243

Title: DVPT ( ) Delete  
Name: LONGO, CARSON  
Address: 7612 LAKE VISTA CT #208  
City-St-Zip: BRADENTON, FL 34202

Title: DT ( ) Delete  
Name: UNGER, JOSHUA  
Address: 9824 IMMOKALEE RD  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SHARP, III, LEMUEL  
Address: 3301 WHITFIELD AVE  
City-St-Zip: SARASOTA, FL 34243

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

Title: DT (X) Change ( ) Addition  
Name: HILLIARD, MICHAEL  
Address: 1497 COTTONWOOD TRAIL  
City-St-Zip: SARASOTA, FL 34232

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: LEMUEL SHARP III

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date