

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000009699**

1. Entity Name  
VUE AT LAKE EOLA FOUNDATION, INC.



Principal Place of Business

215 N EOLA DR  
ORLANDO, FL 32801

Mailing Address

215 N EOLA DR  
ORLANDO, FL 32801



02012007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1647572

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, ROBERT F  
215 N EOLA DR  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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 required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000665441  
03/23/07-80029-012 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MURRAY, MIKE  
426 CENTRAL BLVD  
ORLANDO, FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOSKOWITZ, ERIK  
426 CENTRAL BLVD  
ORLANDO, FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOHANNIS, CHUCK  
426 CENTRAL BLVD  
ORLANDO, FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/07