

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000011172

1. Entity Name
LAKEVIEW VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
10739 NW 62ND TERR
ALACHUA, FL 32615

Mailing Address
10739 NW 62ND TERR
ALACHUA, FL 32615

2. Principal Place of Business
Management Specialists
Suite, Apt. #, etc.
4400 NW 36 Avenue
City & State
Gainesville, FL
Zip
32606
Country
USA

3. Mailing Address
Management Specialists
Suite, Apt. #, etc.
4400 NW 36 Avenue
City & State
Gainesville, FL
Zip
32606
Country
USA

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SECRET
TALLAHASSEE, FLORIDA

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REINSTATEMENT CR2E099 (6/04) 2005

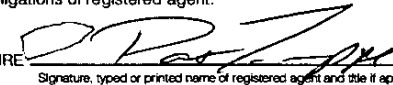
4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JONES, BRITTON A
10739 NW 62ND TERR
ALACHUA, FL 32615

7. Name and Address of New Registered Agent
Name
Management Specialists
Street Address (P.O. Box Number is Not Acceptable)
4400 NW 36 Avenue
City
Gainesville
FL
Zip Code
32606

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  DATE 11-10-05

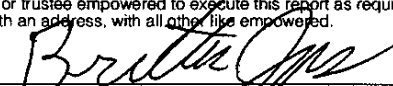
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

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	PSTD JONES, BRITTON A 10739 NW 62ND TERR ALACHUA, FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700061512227 11/17/05--01030--009 **236.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JONES, CAREY 10739 NW 62ND TERR ALACHUA, FL 32615 <input 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	D JOHNSON, CARL 4421 NW 39TH AVE BLDG 1 SUITE 2 GAINESVILLE, FL 32606 <input 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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  11-7-05 3523737800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #