

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011172

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: LAKEVIEW VILLAS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

C/O MANAGEMENT SERVICES  
4400 N.W. 36 AVENUE  
GAINESVILLE, FL 32606

## New Principal Place of Business:

11400 TURKEY CREEK BLVD  
POOL OFFICE  
ALACHUA, FL 32615

## Current Mailing Address:

C/O MANAGEMENT SERVICES  
4400 N.W. 36 AVENUE  
GAINESVILLE, FL 32606

## New Mailing Address:

783 TURKEY CREEK  
ALACHUA, FL 32615

FEI Number: 20-3382770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANAGEMENT SERVICES  
4400 N.W. 36 AVENUE  
GAINESVILLE, FL 32606 US

## Name and Address of New Registered Agent:

BEAVERS, SARAH  
11400 TURKEY CREEK BLVD  
POOL OFFICE  
ALACHUA, FL 32615 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: SARAH BEAVERS

03/05/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CULLEY, DAVID  
Address: 629 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: VP ( ) Delete  
Name: MCBRIDE, DON  
Address: 327 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: ST ( ) Delete  
Name: ALLEN, THEO  
Address: 48 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: CULLEY, DAVID  
Address: 629 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

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

Title: SD (X) Change ( ) Addition  
Name: HOPE, FOREST  
Address: 158 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: P ( ) Change (X) Addition  
Name: DOZIER, VAN  
Address: 711 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

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: SARAH BEAVERS

CAM

03/05/2008

Electronic Signature of Signing Officer or Director

Date