

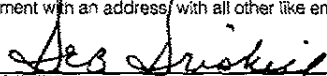


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000011899		
1. Entity Name LAKEVIEW VILLAS P.O.A., INC.		
Principal Place of Business 2476 N. ESSEX AVE. HERNANDO, FL 34442		Mailing Address 2476 N. ESSEX AVE. HERNANDO, FL 34442
DO NOT WRITE IN THIS SPACE		
		 03142007 No Chg-NP CR2E037 (4/06)
4. FEI Number 20-2025447		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ABEL, ERIC D. ESQ. 2476 N. ESSEX AVE. HERNANDO, FL 34442		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		04/04/07-80054-006 61.25
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	ABEL, ERIC D.	
STREET ADDRESS	2476 N. ESSEX AVE.	
CITY - ST - ZIP	HERNANDO, FL 34442	
TITLE	D	
NAME	PASTOR, JOHN E.	
STREET ADDRESS	2476 N. ESSEX AVE.	
CITY - ST - ZIP	HERNANDO, FL 34442	
TITLE	D	
NAME	DRISKILL, DEB	
STREET ADDRESS	2476 N. ESSEX AVE.	
CITY - ST - ZIP	HERNANDO, FL 34442	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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:  Deb Driskill		3-23-07 352-746-6060
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>