




FILED

May 08, 2007 8:00 am
Secretary of State

05-08-2007 90018 034 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N05000000904			
1. Entity Name LAKE VIEW CONDOMINIUM AT HERITAGE LAKE PARK ASSOCIATION, INC.			
Principal Place of Business 26212 MADRAS COURT CHARLOTTE HARBOR, FL 33983		Mailing Address 26212 MADRAS COURT CHARLOTTE HARBOR, FL 33983	
2. Principal Place of Business - No P.O. Box # 1532 Rio De Janeiro Suite, Apt. #, etc.		3. Mailing Address P.O. Box 380758 Suite, Apt. #, etc.	
City & State Punta Gorda, FL Zip 33983 Country		City & State Murdock, FL Zip 33938 Country	
4. FEI Number 20-2766335		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIDER, WILLIAM M 200 S ORANGE AVE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Kristine Wishard Street Address (P.O. Box Number is Not Acceptable) 1532 Rio De Janeiro Ave City Punta Gorda FL Zip Code 33983	
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 4/25/07 <input checked="" type="checkbox"/> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
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	
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	D PALMER, PHILIP J 26212 MADRAS COURT CHARLOTTE HARBOR, FL 33983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Butterfield, Charles 2020 Willow Hammock, A-307 Punta Gorda, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, KATHLEEN 26212 MADRAS COURT CHARLOTTE HARBOR, FL 33983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD McLean, Donna 2040 Willow Hammock, B-107 Punta Gorda, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INABNITT, TONY 19350 QUESADA AVE PT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Kelly, Lucia 2020 Willow Hammock, A-106 Punta Gorda, FL 33983 <input type="checkbox"/> Change <input checked="" 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 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 		4/29/07 941-629-8190 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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