

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90018 033 \*\*\*\*61.25

<b>DOCUMENT # N05000000941</b>						
<b>1. Entity Name</b> LAKE VIEW II CONDOMINIUM AT HERITAGE LAKE PARK ASSOCIATION, INC.						
<b>Principal Place of Business</b> 23081 HARBORVIEW ROAD C/O GATEWAY MANAGEMENT PORT CHARLOTTE, FL 33980			<b>Mailing Address</b> P.O. BOX 380758 C/O GATEWAY MANAGEMENT MURDOCK, FL 33938			
<b>2. Principal Place of Business - No P.O. Box #</b> 1532 Rio De Janeiro Ave		<b>3. Mailing Address</b> Suite, Apt. #, etc.				
<b>City &amp; State</b> Punta Gorda, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-2766389		
<b>Zip</b> 33983		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> WISHARD, KRISTINE 23081 HARBORVIEW ROAD C/O GATEWAY MANAGEMENT PORT CHARLOTTE, FL 33980				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> EDWARD, DIANA <b>STREET ADDRESS</b> 2060 WILLOW HAMMOCK CR., D-301 <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> BELLIVEAU, ELLEN <b>STREET ADDRESS</b> 2060 WILLOW HAMMOCK CR., D-106 <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> RACICOT, PAULINE <b>STREET ADDRESS</b> 2060 WILLOW HAMMOCK CR., C-102 <b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> <u>Kristine Wishard</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4/25/07</u> Daytime Phone # <u>941-629-8190</u>		

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