2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000941

FILED Apr 23, 2008 Secretary of State

Entity Name: LAKE VIEW II CONDOMINIUM AT HERITAGE LAKE PARK ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1532 RIO DE JANEIRO AVE. C/O GATEWAY MANAGEMENT PORT CHARLOTTE, FL 33980

Current Mailing Address: New Mailing Address:

P.O. BOX 380758 C/O GATEWAY MANAGEMENT MURDOCK, FL 33938

FEI Number: 20-2766389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WISHARD, KRISTINE
23081 HARBORVIEW ROAD
C/O GATEWAY MANAGEMENT
PORT CHARLOTTE, FL 33980 US

WISHARD, KRISTINE
1530 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983

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: 04/23/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: P () Delete Title: () Change () Addition

 Name:
 EDWARD, DIANA
 Name:

 Address:
 2060 WILLOW HAMMOCK CR., D-301
 Address:

 City-St-Zip:
 PUNTA GORDA, FL 33983
 City-St-Zip:

 $\label{eq:total_title} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VPD} \qquad \mbox{(X) Change () Addition}$

Name: BELLIVEAU, ELLEN Name: BELLIVEAU, ELLEN

Address: 2060 WILLOW HAMMOCK CR., D-106 Address: 2060 WILLOW HAMMOCK CR., D-106

City-St-Zip: PUNTA GORDA, FL 33983 City-St-Zip: PUNTA GORDA, FL 33983

Title: ST () Delete Title: STD (X) Change () Addition

 Name:
 RACICOT, PAULINE
 Name:
 GIZZI, GINO

 Address:
 2060 WILLOW HAMMOCK CR., C-102
 Address:
 PO BOX 380758

 City-St-Zip:
 PUNTA GORDA, FL 33983
 City-St-Zip:
 MURDOCK, FL 33938

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: ED DIANA PD 04/23/2008