


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 049 ****61.25

DOCUMENT # N05000003680					
1. Entity Name LAKE VIEW III CONDOMINIUM AT HERITAGE LAKE PARK ASSOCIATION, INC.					
Principal Place of Business 26212 MADRAS COURT CHARLOTTE HARBOR, FL 33983			Mailing Address P.O. BOX 511175 PUNTA GORDA, FL 33955		
2. Principal Place of Business - No P.O. Box # 26370 FEATHER SOUND DR		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PUNTA GORDA FL		City & State		4. FEI Number 20-2765361	
Zip 33955		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DISSA, ALBERT D 26370 FEATHER SOUND DRIVE PUNTA GORDA, FL 33955			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 PT	NAME DISSA, ALBERT D		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26370 FEATHER SOUND DRIVE	CITY-ST-ZIP PUNTA GORDA, FL 33955			NAME	
STREET ADDRESS 2081 WILLOW HAMMOCK CIRCLE	CITY-ST-ZIP PUNTA GORDA, FL 33983			STREET ADDRESS	
TITLE DS	NAME CLEARY, SHAWN		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2081 WILLOW HAMMOCK CIRCLE	CITY-ST-ZIP PUNTA GORDA, FL 33983			NAME	
STREET ADDRESS 9 OSPNEY STREET	CITY-ST-ZIP MERRIMACK, NH 03054			STREET ADDRESS	
TITLE DV	NAME PIECUCH, ALBERT		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9 OSPNEY STREET	CITY-ST-ZIP MERRIMACK, NH 03054			NAME	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			NAME	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			NAME	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					