



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90187 020 \*\*\*\*61.25

<b>DOCUMENT # N05000003681</b>		
1. Entity Name <b>LAKE VIEW IV CONDOMINIUM AT HERITAGE LAKE PARK ASSOCIATION, INC.</b>		
Principal Place of Business <b>26212 MADRAS CT CHARLOTTE HARBOR, FL 33983</b>	Mailing Address <b>26212 MADRAS CT CHARLOTTE HARBOR, FL 33983</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SEIDER, WILLIAM M 200 S ORANGE AVE SARASOTA, FL 34236</b>		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALMER, PHILIP J 26212 MADRAS CT CHARLOTTE HARBOR, FL 33983	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PALMER, KATHLEEN 26212 MADRAS CT CHARLOTTE HARBOR, FL 33983	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INABNITT, TONY 19350 QUESADA AVE PT CHARLOTTE, FL 33948	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 or other like empowered.		
<b>SIGNATURE:</b> 		<b>Philip Palmer 4/25/08 941-766-8315</b>



04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-2766151</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	