2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

07-10-2006 90029 007 ****61.25

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EPDVNFOU!$ N05000004073

2/ Entity Name
LAKEVIEW OF ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4: 53!B2BTPVU	4: 53!B2BTPVU
TU!BVHVTUJOF!GM-!43191	TU!BVHVTUJOF!GM-!43191

3/ Principal Place of Business	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip — Country	Zip Country

07032006 DI h.OQ DS3F148)5017*

5/ FEI Number 20-2764379 Applied For / Not Applicable

6/ Certificate of Status Desired ☐ %9/86 Beejujpobm Gf f!Sf rvjsf e

7/ Obn f !boe!Beesf t t !pg!Dvssf ouSf hjt uf sfeBhf ou

JONES, KATHERINE G
780 NORTH PONCE DE LEON BOULEVARD
ST. AUGUSTINE, FL 32084

8/ Obn f !boe!Beesf t t !pg!Of x !Sf hjt uf sfeBhf ou

Name
Street Address (P.O. Box Number is Not Acceptable)
City GM Zip Code

9/ 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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by September 6, 2006	:/ Election Campaign Financing Trust Fund Contribution. ☐	%6/11 NbzlQ!l Beef ehpiQ!t	Make check payable to Florida Department of State

21/ OFFICERS AND DIRECTORS			22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARBER, CURTIS L 911-C LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jane Altenhofen 507 2nd Street SE WASHINGTON DC 20003	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARBER, STEPHANIE 911-C LOMAS SANTA FE DRIVE SOLANA BEACH, CA 92075	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Haight 4619 Winding Stone Circle Olney, MD 20832	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUMMINGS, MICHELLE 363-12 ATLANTIC BOULEVARD ATLANTIC BEACH, FL 32233	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mark Vogel PO Box 948 NORWICH, NY 13815	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

23/ 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.

TJHOBUVSF; Judy Allwood, Manager 7/5/06 904-471-6606

TJHOBUVSF!PG!PGGJDFS!PS!EJSFDUPS ... Date Daytime Phone #