

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004073

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** LAKEVIEW OF ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3942 A1A SOUTH  
ST. AUGUSTINE BEACH, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

3942 A1A SOUTH  
ST. AUGUSTINE BEACH, FL 32080

**New Mailing Address:**

**FEI Number:** 20-2764379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

COASTAL REALTY AND PROPERTY MGT  
3942 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

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: JUDY ALLIGOOD

01/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALTENHOFER, JANE  
Address: 507 2ND STREET SE  
City-St-Zip: WASHINGTON, DC 20003

Title: D ( ) Delete  
Name: HAIGHT, ROBERT  
Address: 4619 WINDING STONE CIR  
City-St-Zip: OLNEY, MD 20832

Title: D ( ) Delete  
Name: VOGEL, MARK  
Address: P O BOX 948  
City-St-Zip: NORWICH, NY 13815

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: ALTENHOFER, JANE  
Address: 507 2ND STREET SE  
City-St-Zip: WASHINGTON, DC 20003

Title: P (X) Change ( ) Addition  
Name: HAIGHT, ROBERT  
Address: 4619 WINDING STONE CIR  
City-St-Zip: OLNEY, MD 20832

Title: S (X) Change ( ) Addition  
Name: VOGEL, MARK  
Address: P O BOX 948  
City-St-Zip: NORWICH, NY 13815

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: NORMA EASTES

AGT

01/07/2008

Electronic Signature of Signing Officer or Director

Date