

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005254

FILED  
Apr 05, 2007  
Secretary of State

**Entity Name:** LAKECREST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10150 BELLE RIVE BLVD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8009 SOUTH ORANGE AVE  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 20-2956525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LELAND MANAGEMENT INC.  
8009 SOUTH ORANGE AVE  
ORLANDO, FL 32809 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MENRGAS, NICHOLAS M  
Address: 10150 BELLE RIVE BLVD #301  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVS ( ) Delete  
Name: WEST, JAMES A  
Address: 350 WEST HUBBARD STE. 450  
City-St-Zip: CHICAGO, IL 60610

Title: DT ( ) Delete  
Name: ACKERMAN, BERNARD  
Address: 10150 BELLE RIVE BLVD #301  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: BUCHHOLZ, KENNETH  
Address: 10150 BELLE RIVE BLVD #2705  
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: PD (X) Change ( ) Addition  
Name: NANCE JR, LESLIE R  
Address: 10150 BELLE RIVE BLVD #406  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD (X) Change ( ) Addition  
Name: VERDERANCE, BARBARA  
Address: 10150 BELLE RIVE BLVD #911  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD (X) Change ( ) Addition  
Name: ALEX, JACQUELINE  
Address: 10150 BELLE RIVE BLVD #2507  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change ( ) Addition  
Name: HOWELL, HILDE  
Address: 10150 BELLE RIVE BLVD #2404  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE R. NANCE, JR

PD

04/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date