

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006249

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** LAKEVIEW AT CALUSA TRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10033 9TH STEET NORTH, 2ND FLOOR  
ST. PETERSBURG, FL 337163804

**New Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

10033 9TH STEET NORTH, 2ND FLOOR  
ST. PETERSBURG, FL 337163804

**New Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

FEI Number: 20-3462775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMPART PROPERTIES, INC.  
10033 9TH STEET NORTH, 2ND FLOOR  
ST. PETERSBURG, FL 337163804 US

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

RAMPART PROPERTIES, INC.  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 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:

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: KAMPSEN, MARY L  
Address: 17101 DOWN DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: VP/D ( ) Delete  
Name: RICKETTS, JEFFREY J  
Address: 570 EDGEWATER DRIVE  
City-St-Zip: DUNEDIN, FL 34698

Title: S/D ( ) Delete  
Name: KAMPSEN, JOHN C  
Address: 17101 DOWN DRIVE  
City-St-Zip: ODESSA, FL 33556

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARY KEMPSEN

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date