2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State
03-08-2007 90004 027 ****70.00

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1. Entity Name
LAKEVIEW AT CALUSA TRACE CONDOMINIUM ASSOCIATION, INC.

40031481

01312007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702	9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4175 East Bay Dr.	4175 East Bay Dr
Suite, Apt. #, etc.: Suite 205	Suite, Apt. #, etc.: Suite 205
City & State: Clearwater, Florida	City & State: Clearwater, Florida
Zip: 33764 Country:	Zip: 33764 Country:

4. FEI Number 20-3462775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Community Management Concepts
Street Address (P.O. Box Number is Not Acceptable): 4175 EAST BAY DRIVE
Suite 205
City: Clearwater FL Zip Code: 33764

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: [signature] Rick Henderson 2-21-07
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 May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D KAMPSEN, MARY L 17101 DOWN DRIVE ODESSA, FL 33556	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Rick Henderson 7205 Woodstorks Walkway #305 Lutz, Florida 33558 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D RICKETTS, JEFFREY J 570 EDGEWATER DRIVE DUNEDIN, FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Daniel Roche 18106 Peregrines Perch #312 Lutz, Florida 33558 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D KAMPSEN, JOHN C 17101 DOWN DRIVE ODESSA, FL 33556	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Michael Hill 18101 Peregrines Perch #312 Lutz, Florida 33558 — ☐ 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

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 all other like empowered.

SIGNATURE: [signature] Rick Henderson 2-21-07 813 843-8430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #