

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90029 009 ****61.25

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



Principal Place of Business
**4175 EAST BAY DR
SUITE 205
CLEARWATER, FL 33764**

Mailing Address
**4175 EAST BAY DR
SUITE 205
CLEARWATER, FL 33764**

4000000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042008

Chg-NP

CR2E037 (12/06)

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

**COMMUNITY MANAGEMENT CONCEPTS
4175 EAST BAY DRIVE
SUITE 205
CLEARWATER, FL 33764**

Name

KIRK BLISS

Street A

CMC

City

**4175 East Bay Dr., Suite 205
Clearwater, FL 33764**

Code

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/06/08

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE P/D ☐ Delete
NAME HENDERSON, RICK
STREET ADDRESS 4205 WOODSTORKS WALKWAY #305
CITY-ST-ZIP LUTZ, FL 33558

TITLE VP/D ☐ Delete
NAME ROCHE, DANIEL
STREET ADDRESS 18106 PEREGRINES PERCH #312
CITY-ST-ZIP LUTZ, FL 33558

TITLE S/D ☐ Delete
NAME HILL, MICHAEL
STREET ADDRESS 18101 PEREGRINES PERCH #312
CITY-ST-ZIP LUTZ, FL 33558

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Change ☐ Addition
NAME ROCHE, DANIEL
STREET ADDRESS 18106 PEREGRINES PERCH #312
CITY-ST-ZIP LUTZ, FL 33558

TITLE VP/D ☐ Change ☐ Addition
NAME HILL, MICHAEL
STREET ADDRESS 18101 PEREGRINES PERCH #312
CITY-ST-ZIP LUTZ, FL 33558

TITLE S/D ☐ Change ☐ Addition
NAME PHIL CRAMANDO
STREET ADDRESS 4209 PEREGRINES PERCH #207
CITY-ST-ZIP LUTZ, FL 33558

TITLE VP/D ☐ Change ☐ Addition
NAME DAVID MILLON
STREET ADDRESS 21010 LAKE VIGNAARD.
CITY-ST-ZIP LAND O LAKES, FL 34636

TITLE DIRECTOR ☐ Change ☐ Addition
NAME MIKE ASSOURIOS
STREET ADDRESS 18106 PEREGRINES PERCH #10
CITY-ST-ZIP LUTZ, FL 33558

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #