

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012145

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** LAKE VIEW CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

2051 MORNINGSID DRIVE  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

2051 MORNINGSID DRIVE  
MOUNT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 20-8241633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAKER, WILLIAM F JR.  
2051 MORNINGSID DRIVE  
MOUNT DORA, FL 32757 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:** P  
**Name:** BAKER, JR, WILLIAM F  
**Address:** 2051 MORNINGSID DRIVE  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** VP  
**Name:** BAKER, III, WILLIAM F  
**Address:** P. O. BOX 748  
**City-St-Zip:** MOUNT DORA, FL 32756

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM F. BAKER JR.

PRES

01/25/2010

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

\_\_\_\_\_  
Date