

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008210

FILED
Mar 31, 2009
Secretary of State

Entity Name: LAKEVIEW PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1 FLORIDA PARK DRIVE SOUTH
SUITE 307
PALM COAST, FL 32137

New Principal Place of Business:

1 FLORIDA PARK DRIVE SOUTH
UNIT 301
PALM COAST, FL 32137

Current Mailing Address:

1 FLORIDA PARK DRIVE SOUTH
SUITE 307
PALM COAST, FL 32137

New Mailing Address:

1 FLORIDA PARK DRIVE SOUTH
UNIT 301
PALM COAST, FL 32137

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMOS, GUS
1 FLORIDA PARK DRIVE SOUTH
SUITE 307
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

SIMOS, GUS
1 FLORIDA PARK DRIVE SOUTH
UNIT 301
PALM COAST, FL 32137 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: GUS SIMOS

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHISHOLM, JON
Address: 1 FLORIDA PARK DRIVE SOUTH, SUITE 307
City-St-Zip: PALM COAST, FL 32137

Title: S/T () Delete
Name: SIMOS, GUS
Address: 1 FLORIDA PARK DRIVE SOUTH, SUITE 307
City-St-Zip: PALM COAST, FL 32137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMOS, GUS
Address: 1 FLORIDA PARK DRIVE SOUTH, UNIT 301
City-St-Zip: PALM COAST, FL 32137

Title: S (X) Change () Addition
Name: SIMOS, MARIE
Address: 1 FLORIDA PARK DRIVE SOUTH, UNIT 301
City-St-Zip: PALM COAST, FL 32137

Title: T () Change (X) Addition
Name: CHISOLM, JON
Address: 1 FLORIDA PARK DRIVE SOUTH, UNIT 301
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify 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: GUS SIMOS

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date