


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90828 026 ****61.25

DOCUMENT # N15308 1. Entity Name LAKEVIEW CONDOMINIUM NO. 6 ASSOCIATION, INC.					
Principal Place of Business C/O HARA MGMT. INC. 118 N. WYMORE ROAD WINTER PARK, FL 32789 US			Mailing Address C/O HARA MGMT. INC. 118 N. WYMORE ROAD WINTER PARK, FL 32789 US		
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	4. FEI Number 59-2624073	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARA MANAGEMENT, INC. 118 N. WYMORE ROAD WINTER PARK, FL 32789				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD SPIVEY, MALLORY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6031 SCOTCHWOOD GLEN #103		NAME		
STREET ADDRESS	ORLANDO, FL 32822		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD NELSON, CAROL <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6019 SCOTCHWOOD GLEN 104		NAME		
STREET ADDRESS	ORLANDO, FL 32822		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TSD HEIM, ROBERTA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6031 SCOTCHWOOD GLEN 106		NAME		
STREET ADDRESS	ORLANDO, FL 32822		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D SINGER, ALAN <input checked="" type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6019 SCOTCHWOOD GLEN 202		NAME	Alan Singer	
STREET ADDRESS	ORLANDO, FL 32822		STREET ADDRESS	6019 Scotchwood Glen #202	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando FL 32822	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Mallory Spivey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/06 407-628-1086 <small>Date Daytime Phone #</small>		