2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90322 047 ****61.25

DOCUMENT # N15308

1. Entity Name
LAKEVIEW CONDOMINIUM NO. 6 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HARA MGMT. INC. ~~118 N. WYMORE ROAD~~ WINTER PARK, FL ~~32789~~ US	C/O HARA MGMT. INC. ~~118 N. WYMORE ROAD~~ WINTER PARK, FL ~~32789~~ US

02132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o HARA Management, Inc	c/o HARA Management, Inc
Suite, Apt. #, etc. 931 S. Semoran Blvd #214	Suite, Apt. #, etc. 931 S. Semoran Blvd #214
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32792 Country USA	Zip 32792 Country USA

4. FEI Number
59-2624073
☐ Applied For
☐ Not Applicable

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

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: HARA MANAGEMENT, Inc Street Address (P.O. Box Number is Not Acceptable): 931 S. Semoran Blvd #214 City: Winter Park, FL Zip Code: 32792

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPIVEY, MALLORY 6031 SCOTCHWOOD GLEN #103 ORLANDO, FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD HEIM, ROBERTA 6031 SCOTCHWOOD GLEN 106 ORLANDO, FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D HEIM, ROBERTA 6031 Scotchwood Glen # 106 ORLANDO, FL 32822 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SINGER, ALAN 6019 SCOTCHWOOD GLEN 202 ORLANDO, FL 32822	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D SINGER, ALAN 6019 Scotchwood Glen # 202 ORLANDO, FL 32822 ☒ 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: Mallory Spivey 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIRECTOR OR DIRECTOR — Date — Daytime Phone #