

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

DOCUMENT# N16877

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** LAKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

225 S. WESTMONTE DR.  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 327162147

**New Principal Place of Business:**

225 S WESTMONTE DR  
STE #3310  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

PO BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 59-2732593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOMACK, ELLEN R  
225 WESTMONTE DR.  
STE 3310  
ALTAMONTE SPRINGS, FL 32714 US

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

VISTA COMMUNITY ASSOCIATION MANAGEMENT  
225 S WESTMONTE DR  
#3310  
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R WOMACK

04/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: AMES, GERALD  
Address: 300 NEW WATERFORD PL #104  
City-St-Zip: LONGWOOD, FL

Title: DV  
Name: HARMELING, JACQUELINE  
Address: 300 NEW WATERFORD PL. #204  
City-St-Zip: LONGWOOD, FL

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: GERALD AMES

DPST

04/21/2010

Electronic Signature of Signing Officer or Director

Date