

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20861

FILED  
Apr 12, 2006  
Secretary of State

Entity Name: LAKEVIEW VILLA, INC.

**Current Principal Place of Business:**

1221 WEST LAKEVIEW AVENUE  
C/O GARY BEMBRY  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

1221 WEST LAKEVIEW AVENUE  
C/O GARY BEMBRY  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 59-2842486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEMBY, GARY L  
1221 WEST LAKEVIEW AVENUE  
PENSACOLA, FL 32501 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: CD ( ) Delete  
Name: LANDRUM, H B JR  
Address: 4050 BEVEDERE DRIVE  
City-St-Zip: PENSACOLA, FL 32514 US

Title: S ( ) Delete  
Name: POWELL, MELBA K  
Address: 11610 CABOT ST  
City-St-Zip: PENSACOLA, FL 32534 US

Title: VCD ( ) Delete  
Name: DURHAN, MICHAEL  
Address: 200 BAY BLVD  
City-St-Zip: PENSACOLA, FL 32503 US

Title: D ( ) Delete  
Name: BOND, W F  
Address: 4305 D'EVEREAUX DRIVE  
City-St-Zip: PENSACOLA, FL 32503 US

Title: P ( ) Delete  
Name: BEMBRY, GARY L  
Address: 2543 ANGEL COURT  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: HILL, MARY A  
Address: 6618 ALLISON WAY  
City-St-Zip: PACE, FL 32571 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MELBA K POWELL

S

04/12/2006

Electronic Signature of Signing Officer or Director

Date