

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20861

FILED
Apr 04, 2008
Secretary of State

Entity Name: LAKEVIEW VILLA, INC.

Current Principal Place of Business:

1221 WEST LAKEVIEW AVENUE
C/O EXECUTIVE OFFICE
PENSACOLA, FL 32501

New Principal Place of Business:

1221 WEST LAKEVIEW AVENUE
C/O EXECUTIVE OFFICE
PENSACOLA, FL 32501 US

Current Mailing Address:

1221 WEST LAKEVIEW AVENUE
C/O EXECUTIVE OFFICE
PENSACOLA, FL 32501

New Mailing Address:

1221 WEST LAKEVIEW AVENUE
C/O EXECUTIVE OFFICE
PENSACOLA, FL 32501 US

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 W 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: KIRTON, NANCY K
Address: 6051 LARAMIE WAY
City-St-Zip: MILTON, FL 32570 US

Title: VCD () Delete
Name: BRADSHAW, NELSON
Address: 2660 BAY STREET
City-St-Zip: GULF BREEZE, FL 32563 US

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

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

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: NANCY KIRTON

S

04/04/2008

Electronic Signature of Signing Officer or Director

Date