2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24063

FILED Apr 26, 2008 Secretary of State

Entity Name: LAKEVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 953876 LAKEBREEZE CIRCLE LAKE MARY, FL 32795 US LAKE MARY, FL 32746 US **Current Mailing Address: New Mailing Address:** P.O. BOX 953876 LAKE MARY, FL 32795 US FEI Number: 59-2928310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ERD, GORDON 124 LAKEBREEZE CIR. US LAKE MARY, FL 32746 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ERD. GORDON Name: Name: 124 LAKEBREEZE CIRCLE Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: Title: Title: () Delete (X) Change () Addition ROGERS, JUD Name: ROGERS, JUD Name: Address: 357 LAKEBREEZE CIRCLE Address: 357 LAKEBREEZE CIRCLE City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: (X) Change () Addition MC CORMICK, MARY RODRIGUEZ, HECTOR Name: Name: Address: 267 LAKEBREEZE CIRCLE Address: 113 LAKEBREEZE CIRCLE City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 (X) Change () Addition Title: () Delete Title: BARBONE, JOE Name: Name: FITCH, TERRY Address: 346 LAKEBREEZE CIR. Address: 342 LAKEBREEZE CIR. City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746 Title: () Delete Title: (X) Change () Addition KOLMETZ, GEORGE HERNANDEZ, EDWIN Name: Name: 214 LAKEBREEZE 230 LAKEBREEZE Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: LAKE MARY, FL 32746

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: GORDON ERD DT 04/26/2008