2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N25468

Entity Name: LAKEVIEW VILLAGE CONDOMINIUM NO. 9 ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2890144 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: RUSSELL, CURTIS
Address: 6060 SCOTCHWOOD GLEN #104
City-St-Zip: ORLANDO, FL 32822

Title: VPD ( ) Delete
Name: RADLOFF, SCOTT
Address: 6050 SCOTCHWOOD GLEN #107
City-St-Zip: ORLANDO, FL 32822

Title: TSD ( ) Delete
Name: PORTER, SHAWN
Address: 6010 SCOTCHWOOD GLEN #1024
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: RUSSELL, CURTIS
Address: 6060 SCOTCHWOOD GLEN #104
City-St-Zip: ORLANDO, FL 32822

Title: PD (X) Change ( ) Addition
Name: RADLOFF, SCOTT
Address: 6050 SCOTCHWOOD GLEN #107
City-St-Zip: ORLANDO, FL 32822

Title: TSD (X) Change ( ) Addition
Name: PORTER, SHAWN
Address: 6010 SCOTCHWOOD GLEN #102
City-St-Zip: ORLANDO, FL 32822

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: SCOTT RADLOFF PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date