

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90246 048 ****69.75

DOCUMENT # N26543

1. Entity Name
LAKE VALENTINE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2630 SPRING GLEN ROAD
JACKSONVILLE, FL 32207 US**

Mailing Address
**659 KILCHURN DR
ORANGE PARK, FL 32073**

50051870



2. Principal Place of Business

3. Mailing Address

333 W. Osceola Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072005 Chg-NP CR2E037 (10/03)

City & State

City & State

Coco Beach, FL

4. FEI Number
59-3019210

Applied For
Not Applicable

Zip

Country

Zip

Country

32931

Brevard

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAPMAN, MIKE
659 KILCHURN DR
ORANGE PARK, FL 32073**

Name

Mike Chapman

Street Address (P.O. Box Number is Not Acceptable)

333 W. Osceola Lane

City

Coco Beach

FL

Zip Code

32931

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Jessica Murray - DS

4/30/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Delete
NAME **MURRAY, JESSICA**
STREET ADDRESS **9654 MEADOW WOODS LANE**
CITY-ST-ZIP **DAYTON, OH 45458**

TITLE **DS** ☒ Change ☐ Addition
NAME **Jessica murray**
STREET ADDRESS **9731 Tibbals Ct.**
CITY-ST-ZIP **Centerville, OH 45458**

TITLE **VD** ☐ Delete
NAME **MURRAY, TODD**
STREET ADDRESS **9654 MEADOW WOODS LANE**
CITY-ST-ZIP **DAYTON, OH 45458**

TITLE **VD** ☒ Change ☐ Addition
NAME **Todd murray**
STREET ADDRESS **9731 Tibbals Ct.**
CITY-ST-ZIP **Centerville, OH 45458**

TITLE **D** ☐ Delete
NAME **CHAPMAN, MIKE**
STREET ADDRESS **659 KILCHURN DR**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **D** ☒ Change ☐ Addition
NAME **Mike Chapman**
STREET ADDRESS **333 W. Osceola Lane**
CITY-ST-ZIP **Coco Beach, FL 32931**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jessica Murray - DS

Date

Daytime Phone #

937-436-1500