

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27640

FILED
Apr 29, 2009
Secretary of State

Entity Name: LAKEVIEW VILLAGE CONDOMINIUM NO. 11 ASSOCIATION, INC.

Current Principal Place of Business:

709 EAST MICHIGAN ST
SUITE 2
ORLANDO, FL 32806

New Principal Place of Business:

709 EAST MICHIGAN ST
ORLANDO, FL 32806

Current Mailing Address:

709 EAST MICHIGAN ST
SUITE 2
ORLANDO, FL 32806

New Mailing Address:

P.O. BOX 560698
ORLANDO, FL 328560698 US

FEI Number: 59-2916241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOBIECH, ANTHONY
709 EAST MICHIGAN ST
SUITE 2
ORLANDO, FL 32806 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: TD () Delete
Name: JONES, KATHRYN
Address: 6000 SCOTCHWOOD GLEN # 104
City-St-Zip: ORLANDO, FL 32822

Title: VP () Delete
Name: KIRK, COURTNEY
Address: 6000 SCOTCHWOOD GLEN #104
City-St-Zip: ORLANDO, FL 32822

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIRK, COURTNEY
Address: 6000 SCOTCHWOOD GLEN, #104
City-St-Zip: ORLANDO, FL 32822

Title: TD (X) Change () Addition
Name: JONES, KATHERYN
Address: 6000 SCOTCHWOOD GLEN #104
City-St-Zip: ORLANDO, FL 32822

Title: SD () Change (X) Addition
Name: ROBERTS, LAUREN
Address: 5950 SCOTCHWOOD GLEN, #107
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: COURTNEY KIRK

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date