2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# N27669

Entity Name: LAKEVILLE OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 W. S.R. 434
SUITE 5000
LONGWOOD, FL 32770 US

New Mailing Address:

FEI Number: 59-2909635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE 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: CALLIHAN, BARBARA
Address: 6698 HAWKSMOOR DR
City-St-Zip: ORLANDO, FL 32818

Title: VPD ( ) Delete
Name: TUCKER, TAMMY
Address: 6321 ABBEYDALE CT
City-St-Zip: ORLANDO, FL 32818

Title: SD ( ) Delete
Name: RIVERS, ROSLYN
Address: 6519 ABBEYDALE CT
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete
Name: MILLER, CORY
Address: 7016 STONE CHAPEL CT
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: BERTRAND, JEAN
Address: 6773 KNIGHTSWOOD DR
City-St-Zip: ORLANDO, FL 32818

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 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: BARBARA CALLIHAN PD 03/07/2006
Electronic Signature of Signing Officer or Director — Date