


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90188 031 ****61.25

DOCUMENT # N28967	
1. Entity Name LAKEVIEW VILLAGE CONDOMINIUM NO. 12 ASSOCIATION, INC.	

Principal Place of Business 709 E. MICHIGAN ST ORLANDO, FL 32806	Mailing Address P.O. BOX 560698 ORLANDO, FL 32856-0698
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
03152007 Chg-NP	CR2E037 (12/06)
4. FEI Number 59-2992311	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MITCHELL, TRACY L 709 E. MICHIGAN ST ORLANDO, FL 32806		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAVIS, CHRISTOPHER 133 STONEY POINT DRIVE SEBASTIAN, FL 32958	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAVIS, CHRISTOPHER 133 STONEY POINT DRIVE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRESSER, ERIC 17011 HOLBY COURT LAND O'LAKES, FL 34638	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZHUGLI, TITIANA 5980 SCOTCHWOOD GLEN #106 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENCARNACION, JUDY 5990 SCOTCHWOOD GLEN #107 ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONTSINGER, CYNTHIA 5990 SCOTCHWOOD GLEN #102 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTSINGER, CYNTHIA 5990 SCOTCHWOOD GLEN #102 ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTSINGER, CYNTHIA 5990 SCOTCHWOOD GLEN #102 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Oberndorf, Doug 5980 Scotchwood Glen #105 Orlando, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TA OBERNDORF, DOUG 5980 SCOTCHWOOD GLEN #105 ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Doug Oberndorf Doug Oberndorf 4/17/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #