

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28967

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** LAKEVIEW VILLAGE CONDOMINIUM NO. 12 ASSOCIATION, INC.

**Current Principal Place of Business:**

709 E. MICHIGAN ST  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560698  
ORLANDO, FL 328560698

**New Mailing Address:**

**FEI Number:** 59-2992311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, TRACY L  
709 E. MICHIGAN ST  
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: VD ( ) Delete  
Name: MAVIS, CHRISTOPHER  
Address: 133 STONEY POINT DRIVE  
City-St-Zip: SEBASTIAN, FL 32958

Title: SD ( ) Delete  
Name: ZHUGLI, TITIIANA  
Address: 598 SCOTCHWOOD GLEN #1066  
City-St-Zip: ORLANDO, FL 32822

Title: PD ( ) Delete  
Name: MONTINGER, CYNTHIA  
Address: 5990 SCOTCHWOOD GLEN #102  
City-St-Zip: ORLANDO, FL 32822

Title: T ( ) Delete  
Name: OBERNORF, DOUG  
Address: 5980 SCOTCHWOOD GLEN #105  
City-St-Zip: ORLANDO, FL 32822

**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:

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: CYNTHIA MONTINGER

P

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date