## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N30128

FILED Apr 29, 2009 Secretary of State

Entity Name: LAKEVIEW VILLAGE CONDOMINIUM NO. 13 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

709 E. MICHIGAN STREET ORLANDO, FL 32806 US

Current Mailing Address: New Mailing Address:

P.O. BOX 560698

ORLANDO, FL 32856 US

FEI Number: 59-2979228 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MITCHELL, TRACEY L

709 E. MICHIGAN STREET

ORLANDO, FL 32806 US

SOBIECH, ANTHONY

709 E. MICHIGAN STREET

ORLANDO, FL 32806 US

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: ANTHONY SOBIECH 04/29/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: BEELER, TERI Name: CLAXTON, ANDREA

Address: 5960-110 SCOTHWOOD GLEN Address: 5960-108 SCOTHWOOD GLEN

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: TD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: ANDREA, CLAXTON Name: SPAIN, ARCH

Address: 5960-108 SCOTCHWOOD GLEN

Address: 5960-102 SCOTCHWOOD GLEN

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete Title: TD (X) Change () Addition Name: HAMRICK, WENDY Name: COFFEE, MILAGROS

Address: 5970-107 SCTOCHWOOD GLEN Address: 5960-103 SCTOCHWOOD GLEN

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: ( ) Delete Title: SD ( ) Change (X) Addition

Name: Name: BILLS, KARI

Address: Address: 5970-102 SCOTCHWOOD GLEN

City-St-Zip: City-St-Zip: ORLANDO, FL 32822

Name: Name: COHEN, DINA

Address: Address: 5960-104 SCOTCHWOOD GLEN

City-St-Zip: 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: ANDREA CLAXTON PD 04/29/2009