


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90391 013 ****61.25

DOCUMENT # N32165
 1. Entity Name
LAKEVIEW TERRACE RESIDENTS ASSOCIATION INC.



Principal Place of Business Mailing Address
331 RAINTREE DR **331 RAINTREE DR**
C/O LVT RESIDENTS ASSN. **C/O LVT RESIDENTS ASSN.**
ALTOONA FL 32702 **ALTOONA FL 32702**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-2995123 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FINDLAY, GEORGE C
C/O LVT RESIDENTS ASSOCIATION
331 RAINTREE DRIVE
ALTOONA FL 32702

7. Name and Address of New Registered Agent
 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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, HUNTER	
STREET ADDRESS	431 MAPLE TREE DR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINDLAY, GEORGE	
STREET ADDRESS	317 RAINTREE DR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	S	<input type="checkbox"/> Delete
NAME	COVAULT, DONNA	
STREET ADDRESS	431 MAPLE TREE DR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VANMETER, HARRY	
STREET ADDRESS	120 LAKEVIEW TERRACE DR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, JAMES	
STREET ADDRESS	431 MAPLE TREE DR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, JAMES	
STREET ADDRESS	431 MAPLE TREE DR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDIGO, BARBARA	
STREET ADDRESS	294 RAINTREE DR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, NORA	
STREET ADDRESS	431 MAPLE TREE DR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES RAYBORN	
STREET ADDRESS	77 SUNSET DR	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *George C Findlay* **GEORGE C FINDLAY** 352 669 9536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #