

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90116 046 \*\*\*\*61.25



**DOCUMENT # N32165**

1. Entity Name

LAKEVIEW TERRACE RESIDENTS ASSOCIATION INC.

Principal Place of Business

331 RAINTREE DR  
C/O LVT RESIDENTS ASSN.  
ALTOONA FL 32702  
US

Mailing Address

331 RAINTREE DR  
C/O LVT RESIDENTS ASSN.  
ALTOONA FL 32702  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2995123

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FINDLAY, GEORGE C~~  
C/O LVT RESIDENTS ASSOCIATION  
331 RAINTREE DRIVE  
ALTOONA FL 32702

ETHEL M. CORNEIL

Name

ETHEL M. CORNEIL

Street Address (P.O. Box Number is Not Acceptable)

67 LAKEVIEW TERRACE DR. T4

City

ALTOONA

FL

Zip Code

32702

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 *Ethel M. Corneil* (ETHEL M. CORNEIL) TREASURER

3/20/06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	BENNETT, JAMES	431 MAPLE TREE DR	ALTOONA FL 32702	<input checked="" type="checkbox"/>
T	FINDLAY, GEORGE	317 RAINTREE DR	ALTOONA FL 32702	<input checked="" type="checkbox"/>
S	COVAULT, DONNA	431 MAPLE TREE DR	ALTOONA FL 32702	<input checked="" type="checkbox"/>
D	VANMETER, HARRY	120 LAKEVIEW TERRACE DR	ALTOONA FL 32702	<input checked="" type="checkbox"/>
D	BENNETT, JAMES	431 MAPLE TREE DR	ALTOONA FL 32702	<input checked="" type="checkbox"/>
VP	MANDISO, BARBARA	294 RAINTREE DR	ALTOONA FL 32702	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	POTTER, FRANK	311 RAINTREE DR.	ALTOONA, FL 32702	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CHEROUNY, RUTHANNE	334 RAINTREE DR	ALTOONA, FL 32702	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CORNEIL, ETHEL M.	67 LAKEVIEW TERRACE DR.	ALTOONA, FL 32702	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	COURTRIGHT, HILTON	401 MAPLE TREE DR.	ALTOONA, FL 32702	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	WERTH, RICHARD	364 RAINTREE DR.	ALTOONA, FL 32702	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Ethel M. Corneil* (ETHEL M. CORNEIL) 3/20/06 - 352-669-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #