


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-11-2007 90017 035 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2995123	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COXNELL, ETHEL M (CORWELL) 67 LAKEVIEW TERRACE DR T4 ALTOONA FL 32702			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 <i>Ethel M. Cornell</i>		SIGNATURE <i>A. [unclear]</i>		DATE 4/26/07	
FILE NOW: FEE IS \$81.25 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, FRANK		NAME	CHARLES RAY BURN	
STREET ADDRESS	311 RAINTREE DR		STREET ADDRESS	77 SUNSET DR (NNY)	
CITY-STATE-ZIP	ALTOONA FL 32702		CITY-STATE-ZIP	ALTOONA, FL 32702	
TITLE	T	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERONNY, RUTHANNE		NAME	RUTHANNE CHERONNY	
STREET ADDRESS	334 RAINTREE DR		STREET ADDRESS	334 RAINTREE DR	
CITY-STATE-ZIP	ALTOONA FL 32702		CITY-STATE-ZIP	ALTOONA, FL 32702	
TITLE	S	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORWELL, ETHEL M		NAME	ETHEL M. CORWELL	
STREET ADDRESS	67 LAKEVIEW TERRACE DR		STREET ADDRESS	67 LAKEVIEW TERRACE DR	
CITY-STATE-ZIP	ALTOONA FL 32702		CITY-STATE-ZIP	ALTOONA, FL 32702	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURTRIGHT, HILTON		NAME		
STREET ADDRESS	401 MAPLE TREE DR		STREET ADDRESS		
CITY-STATE-ZIP	ALTOONA FL 32702		CITY-STATE-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	REP AT LARGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTH, RICHARD		NAME	CAROL HOPKING	
STREET ADDRESS	384 RAINTREE DR		STREET ADDRESS	491 MAPLE TREE DR (FF 502)	
CITY-STATE-ZIP	ALTOONA FL 32702		CITY-STATE-ZIP	ALTOONA, FL 32702	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDISO, BARBARA		NAME	GEORGIA COYNE	
STREET ADDRESS	294 RAINTREE DR		STREET ADDRESS	431 MAPLE TREE DR (FF-103)	
CITY-STATE-ZIP	ALTOONA FL 32702		CITY-STATE-ZIP	ALTOONA, FL 32702	
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: <i>Ethel M. Cornell</i>		SIGNATURE: <i>[unclear]</i>		DATE: 2/15/07 352-669-6660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	