

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32165

FILED
Feb 21, 2009
Secretary of State

Entity Name: LAKEVIEW TERRACE RESIDENTS ASSOCIATION INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2995123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEBERT, NORMAN A
340 RAINTREE DRIVE
LL 340
ALTOONA, FL 32702 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: P () Delete
Name: HEBERT, NORMAN A
Address: 340 RAINTREE DRIVE
City-St-Zip: ALTOONA, FL 32702

Title: S () Delete
Name: MECKSTROTH, LOUISE
Address: 421 MAPLE TREE DRIVE
City-St-Zip: ALTOONA, FL 32702

Title: T () Delete
Name: FINDLAY, GEORGE
Address: 317 RAINTREE DRIVE
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: COURTRIGHT, HILTON
Address: 401 MAPLE TREE DR
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: HOFLING, CAROL
Address: 431 MAPLETREE DR
City-St-Zip: ALTOONA, FL 32702

Title: D () Delete
Name: CANFIELD, GEORGE
Address: 431 MAPLE TREE DR
City-St-Zip: ALTOONA, FL 32702

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BISHOP, ALFRED
Address: 100 LAKEVIEW TERRACE DRIVE
City-St-Zip: ALTOONA, FL 32702

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: NORMAN A. HEBERT

P

02/21/2009

Electronic Signature of Signing Officer or Director

Date