

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32165

FILED
Jan 13, 2011
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:

LVT RESIDENTS ASSN
331 RAINTREE DRIVE
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: PRES
Name: WASS, FERN
Address: 92 LAKEVIEW TERRACE DR
City-St-Zip: ALTOONA, FL 32702

Title: SEC
Name: SMITH, BETTY
Address: 353 RAINTREE DR
City-St-Zip: ALTOONA, FL 32702

Title: TRES
Name: SMITH, RUSSELL C
Address: 431 MAPLE TREE DR #101
City-St-Zip: ALTOONA, FL 32702

Title: VP
Name: MARQUIS, WILL
Address: 92 LAKEVIEW DR
City-St-Zip: ALTOONA, FL 32702

Title: DIR
Name: HEBERT, NORMAN
Address: 340 MAPLETREE DR
City-St-Zip: ALTOONA, FL 32702

Title: DIR
Name: MARKS, DORIS
Address: 117 LAKEVIEW TERRACE DRIVE
City-St-Zip: ALTOONA, FL 32702

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL C SMITH

TRES

01/13/2011

Electronic Signature of Signing Officer or Director

Date