


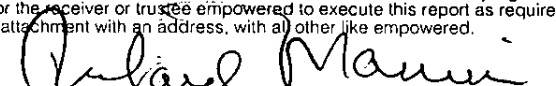


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90201 003 \*\*\*\*61.25

<b>DOCUMENT # N94000001068</b> 1. Entity Name <b>THE LAKEVIEW AT SUMMERWIND CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CORNER STONE ASSOCIATION MANAGEMENT, 2137 DAVIS BLVD FT MYERS, FL 33905 US</b>			Mailing Address <b>C/O CORNER STONE ASSOCIATION MANAGEMENT, 2137 DAVIS BLVD FT MYERS, FL 33905 US</b>		
2. Principal Place of Business <b>8359 BEACON BLVD</b> Suite, Apt. #, etc. <b>#409</b> City & State		3. Mailing Address <b>8359 BEACON BLVD</b> Suite, Apt. #, etc. <b>#409</b> City & State			
Zip <b>33907</b>		Country		01252005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>65-0474107</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>NASSOIY, SHERRY N C/O CORNER STONE ASSOCIATION MANAGEMENT, 2137 DAVIS BLVD FT MYERS, FL 33905</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>8359 BEACON BLVD, #409</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code <b>33907</b></span> </div>		
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					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>FRESTA, PAUL 12061 SUMMERGATE CIR., #203 FORT MYERS, FL 33913</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>STD BOERSMA, SHERRILL 12081 SUMMERGATE CIR., #204 FORT MYERS FL 33913</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>STD HOWARD, JAMES 12069 SUMMERGATE CIR., UNIT 103 FORT MYERS, FL 33913</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPD 12069 SUMMERGATE CIR., #102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>PD PICARD, JIMMY 12061 SUMMERGATE CIR #204 FORT MYERS, FL 33913</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PD MANCINI, RICHARD 12081 SUMMERGATE CIR., #202 FORT MYERS FL 33913</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  2/21/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					