

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90198 014 \*\*\*\*61.25

<b>DOCUMENT # N94000001068</b> 1. Entity Name <b>THE LAKEVIEW AT SUMMERWIND CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>8359 BEACON BLVD #409 FORT MYERS, FL 33907 US</b>		Mailing Address <b>8359 BEACON BLVD #409 FORT MYERS, FL 33907 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2525 PARKWAY ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>2525 PARKWAY ST.</b> Suite, Apt. #, etc.	
City & State <b>FORT MYERS FL</b>		City & State <b>FORT MYERS FL</b>	
Zip <b>33901</b>		Zip <b>33901</b>	
Country		Country	
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>REALTY SRVS. 2525 PKWY ST FORT MYERS, FL 33901</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>mmvity</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable</small>		<u><i>MICHAEL McVETZ</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</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>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>STD</b> <b>BOERSMA, SHERRILL</b> <b>12081 SUMMERGATE CIR #204</b> <b>FORT MYERS, FL 33913</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>VPD</b> <b>HOWARD, JAMES</b> <b>12069N SUMMERGATE CIR #102</b> <b>FORT MYERS, FL 33913</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PD</b> <b>MANCINI, RICHARD</b> <b>12081 SUMMERGATE CIR #202</b> <b>FORT MYERS, FL 33913</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Beth Ann Broad</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>4/16/07 2397703788</i></u> <small>Date Daytime Phone #</small>	

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