2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N9400001068 1. Entity Name THE LAKEVIEW AT SUMMERWIND CONDOMINIUM ASSOCIATION, INC.						04-26-200)/ 90198	014 *****6	01.25
8359 BEACC #409		Mailing Address 8359 BEACON BLVD #409			400	182944			
FORT MYERS, FL 33907 US FORT MYERS, FL 33907 US			US						
2. Principal Place of Business - No P.O. Box # 2525 PAQ KW4/ ST Suite, Apt. #, etc.		3. Mailing Address 2525 PARKUM ST.				816 8191 B814 8914 98111	\$0 J] 0.E 0.0 E		
		Suite, Apt. #, etc.			03072007	Chg-NP	CR2E	037 (12/06)	
City & Stat	Myges FL	City & State FORT MYELL Zip	95 FL	4	. FEI Number 65-0474			<u> </u>	oplied For ot Applicable
City & State FORT MYERS FL Zip 3390 / Country		Zip Country 3390 /		5	5. Certificate of Status Desired Status Desired Status Desired Status Desired Fee Required				
-	G. Name and Address of Current Re	egistered Agent	Nama	7.	Name and A	Address of Nev	v Registered	d Agent	
REALTY SRVS. 2525 PKWY ST				Name Street Address (P.O. Box Number is Not Acceptable)					
FORT MYERS, FL 33901									
			City				F	L Zip Cod	de
	named entity submits this statement for the	he purpose of changing its reg	gistered office or	registered a	agent, or both	, in the State of	Florida. Lar	n familiar with,	and accept
SIGNATURE Signature, typed or privided name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
	algebraic, typed or present name of registered agont and	TIME II ADDROBORO (NOTE HE	egistered Agent signatur	re required whe	n reinstating)	<u>.</u>	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con	aign Financing	\$5	5.00 May Be	F		ck payable t artment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Campa Trust Fund Con	aign Financing ntribution. [□ \$5 Add	5.00 May Be ded to Fees	NGES TO OFFI	lorida Dep	artment of S	tate
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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 supplied entail 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 be 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 accuracy with a w

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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