2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001068

FILED Apr 08, 2009 Secretary of State

Entity Name: THE LAKEVIEW AT SUMMERWIND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2525 PARKWAY ST

FORT MYERS, FL 33901 US

Current Mailing Address: New Mailing Address:

2525 PARKWAY ST

FORT MYERS, FL 33901 US

FEI Number: 65-0474107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REALTY SRVS.

2525 PKWY ST
FORT MYERS, FL 33901 US

REALTY SERVICES
2525 PARKWAY STREET
FORT MYERS, FL 33901 US

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: MICHAEL MCVETY 04/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: S (X) Change () Addition Name: DIGRSING, KEN DIERSING, KEN

Address: 2395 SHGRWIN DR Address: 2395 SHERWIN DR
City-St-Zip: TWINSBURG, OH 44087 City-St-Zip: TWINSBURG, OH 44087

Title: () Delete Title: (X) Change () Addition Name: BROAD BEST, BETH ANN Name: BROADBENT, BETH ANN Address: 12081 SUMMERGATE CIR #102 Address: 12081 SUMMERGATE CIR #102 City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

Title: P () Delete Title: () Change () Addition

 Name:
 HOWARD, JIM
 Name:

 Address:
 12069 SUMMERCATE CR
 Address:

 City-St-Zip:
 FORT MYERS, FL 33913
 City-St-Zip:

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: JIM HOWARD P 04/08/2009