

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004066

FILED
Apr 29, 2007
Secretary of State

Entity Name: LAKE VICTORIA OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

990 WATERFORD POINTE DRIVE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

990 WATERFORD POINTE DRIVE
PORT ORANGE, FL 32127 US

New Mailing Address:

P.O. BOX 238624
PORT ORANGE, FL 32123 US

FEI Number: 59-3213913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANSBOTTOM, LUELLEN
991 OLD MILL RUN
ORMOND BEACH, FL 32174 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: P () Delete
Name: RAFFERTY, RUSSELL
Address: 990 WATERFORD POINTE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: ST () Delete
Name: GIANNONE, EDWARD
Address: 5894 PLAINVIEW DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP () Delete
Name: BONFLEUR, DAVID
Address: 5923 SPRINGVIEW DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GIANNONE, EDWARD
Address: 5894 PLAINVIEW DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: ST (X) Change () Addition
Name: WATTS, DANIEL
Address: 982 WATERFORD POINTE DR.
City-St-Zip: PORT ORANGE, FL 32127

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: RUSSELL RAFFERTY

PRES

04/29/2007

Electronic Signature of Signing Officer or Director

Date