2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004754

1. Entity Name

LAKEVIEW LANDINGS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
134 5TH ST NW WINTER HAVEN FL 33881 US	P.O. BOX 622 HAINES CITY FL 33145 US

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, DAVID C
137 5TH ST NW
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	HARPER, DON	
STREET ADDRESS	3085 LANDING COURT	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	STD	☐ Delete
NAME	DAVIS, BRUCE A	
STREET ADDRESS	7722 E SR 544	
CITY-ST-ZIP	WINTER HAVE FL 33881	
TITLE	PD	☐ Delete
NAME	CARTER, DAVID C	
STREET ADDRESS	137 5TH ST NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

U00000433596
02/24/06--80025--003 61.25

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 [signature] President 2/10/06