


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004754	
1. Entity Name LAKEVIEW LANDINGS HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 134 5TH ST NW WINTER HAVEN, FL 33881 US	Mailing Address P.O. BOX 622 HAINES CITY, FL 33845 US
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DO NOT WRITE IN THIS SPACE

01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARTER, DAVID C 137 5TH ST NW WINTER HAVEN, FL 33881	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARPER, DON 3085 LANDING COURT HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, BRUCE A 7722 E SR 544 WINTER HAVE, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, DAVID C 137 5TH ST NW WINTER HAVEN, FL 33881
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01/30/07-80044-001 61.25

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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 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:  1/24/07 863/422-1713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #