

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90132 030 ****61.25

DOCUMENT # N96000001648



1. Entity Name

**LAKEVIEW IN THE HILLS MOBILE HOMEOWNERS
ASSOCIATION, INC.**

Principal Place of Business

**10515 US HIGHWAY 301
DADE CITY FL 33525
US**

Mailing Address

**37908 LAKE GILBERT CIR
DADE CITY FL 33525
US**

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

59-3362490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRITTEN, VIRGINIA P
37908 LAKE GILBERT CIRCLE
DADE CITY FL 33525**

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, 2005**

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	VD	<input type="checkbox"/> Delete
NAME	FITZSIMMONS, DEE	
STREET ADDRESS	37808 LAKE GILBERT CIRCLE	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PUMFREY, NANCY	
STREET ADDRESS	37856 LAKE GILBERT CIR	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KERLEY, BETH	
STREET ADDRESS	37916 LAKE GILBERT CIR	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRITTEN, VIRGINIA	
STREET ADDRESS	37908 LAKE GILBERT CIRCLE	
CITY - ST - ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROJAS, DOROTHY	
STREET ADDRESS	37912 Lake Gilbert Cir	
CITY - ST - ZIP	DADE CITY, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATERSON, George	
STREET ADDRESS	37914 LAKE GILBERT CIR	
CITY - ST - ZIP	DADE CITY, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Virginia Britten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 4, 2005

Date

352-561-5550

Daytime Phone #