

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90070 043 ****61.25

DOCUMENT # N97000002054					
1. Entity Name LAKEVIEW VILLAGE PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business WORLD OF HOMES 820 PALMWAY ST. KISSIMMEE, FL 34744			Mailing Address WORLD OF HOMES 820 PALMWAY ST. KISSIMMEE, FL 34744		
2. Principal Place of Business c/o 2884 S OSCEOLA AVE		3. Mailing Address c/o 2884 S OSCEOLA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182006 Chg-NP CR2E037 (11/05)	
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 59-3725120	
Zip 32806		Country USA		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 WORLD OF HOMES 2884 S. OSCEOLA AVENUE ORLANDO, FL 32806			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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	HAZLEWOOD, JANET <input checked="" type="checkbox"/> Delete		TITLE VP	Esposito, Kelly <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2919 SUMMER WINDS CIR.	ST CLOUD, FL 34769		STREET ADDRESS 2911 SUMMER WINDS	ST CLOUD, Florida 34769	
CITY-ST-ZIP	ST CLOUD, FL 34769		CITY-ST-ZIP	ST CLOUD, Florida 34769	
TITLE DV	RODRIGUEZ, JOSE <input checked="" type="checkbox"/> Delete		TITLE PD	Price, Gary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2946 SUMMERWINDS CIR.	SAINT CLOUD, FL 34769		STREET ADDRESS 2938 COOL BREEZE CIRCLE	ST CLOUD, FL 34769	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	ST CLOUD, FL 34769	
TITLE SD	KURDYLA, LISA <input checked="" type="checkbox"/> Delete		TITLE SD	SCHAALMA, Jodi <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 2939 SUMMERWINDS CIR	ST CLOUD, FL 34769		STREET ADDRESS 2966 COOL BREEZE CIRCLE	ST CLOUD, FL 34769	
CITY-ST-ZIP	ST CLOUD, FL 34769		CITY-ST-ZIP	ST CLOUD, FL 34769	
TITLE NAME	STREET ADDRESS		TITLE NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS		TITLE NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS		TITLE NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gary W Price 3/6/06					