

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90056 050 \*\*\*\*61.25

**DOCUMENT # N97000003866**

1. Entity Name  
**OWNERS AT LAKEVIEW ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 146  
MARY ESTHER, FL 32569**

Mailing Address  
**P.O. BOX 146  
MARY ESTHER, FL 32569 US**

**40001668**



2. Principal Place of Business - No P.O. Box #  
**1028 ARTHUR ASHE COURT**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same as above**  
Suite, Apt. #, etc.

01072007 Chg-NP CR2E037 (12/06)

City & State  
**FORT WALTON BEACH FL**

City & State

4. FEI Number  
**59-3470503**

Applied For  
Not Applicable

Zip  
**32547**  
Country  
**U.S.A.**

Zip Country

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

6. Name and Address of Current Registered Agent

**WHITE, CULLEN LEE  
1036 ARTHUR ASHE CT  
FORT WALTON BEACH, FL 32547**

7. Name and Address of New Registered Agent

Name  
**DONALD, THOMAS L.**

Street Address (P.O. Box Number is Not Acceptable)  
**1028 ARTHUR ASHE COURT**

City  
**FORT WALTON BEACH FL** Zip Code  
**32547**

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 *Thomas L. Donald*

**Thomas L. Donald  
President**

**1-08-07**

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, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DONALD, THOMAS L.  
1028 ARTHUR ASHE CT  
FORT WALTON BEACH, FL 32547** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
WHITE, CULLEN LEE  
1036 ARTHUR ASHE CT  
FORT WALTON BEACH, FL 32547** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DONALD, PAMELA J  
1028 ARTHUR ASHE CT  
FORT WALTON BEACH, FL 32547** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MUERLE, DOUGLAS  
10360 ARTHUR ASHE CT  
FORT WALTON BEACH, FL 32547** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
" "  
" "** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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**DV  
" "** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS Lauren Nowling  
1031 ARTHUR ASHE COURT  
FORT WALTON BEACH FL 32547** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Pamela J. Donald*

**Pamela J. Donald  
Treasurer**

**1-8-07**

**1-850-  
864-3901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #