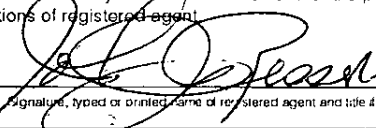


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90018 011 *****61.25

DOCUMENT # N97000006143			
1. Entity Name LAKE VIEW HOMEOWNERS ASSOCIATION AT PALM COAST, INC.			
Principal Place of Business PO BOX 352259 PALM COAST FL 32135		Mailing Address PO BOX 352259 PALM COAST FL 32135	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HOLMBERG, LISA 1 LAKESIDE PLACE EAST PALM COAST FL 32137		7. Name and Address of New Registered Agent Name JOHN RESSER Street Address (P.O. Box Number is Not Acceptable) 5 LAKESIDE PL WEST City PALM COAST FL Zip Code 32137	
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 JOHN J RESSER	
FILE NOW: 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			



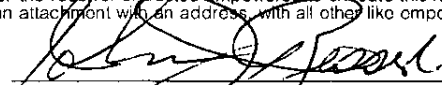
1st MOORE CR2E037 (10/06)

4. FEI Number **59-3498683** Applied For ☐ Not Applicable

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D CLAY, ADAMEC 9 LAKESIDE PLACE EAST PALM COAST FL 32137 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT SALVATORE RAPISANDA 11 LAKESIDE PLACE EAST PALM COAST, FL 32137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DP NOVAK, GEORGE 13 LAKESIDE PLACE EAST PALM COAST FL 32137 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VICE PRESIDENT MARC RAY 10 LAKESIDE PLACE EAST PALM COAST, FL 32137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP LEFLER, VIRGINIA 6 LAKESIDE PLACE EAST PALM COAST FL 32137 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY CECILE LONGTIN 23 LAKESIDE PLACE WEST PALM COAST, FL 32137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D LONGTON, RICHARD 23 LAKESIDE PLACE WEST PALM COAST FL 32137 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TREASURER JOHN RESSER 5 LAKESIDE PL WEST PALM COAST, FL 32137 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D NOVAK, JAMES 21 LAKESIDE PLACE EAST PALM COAST FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	ASSISTANT TREASURER RICHARD CAHILL 4 LAKESIDE PL WEST PALM COAST, FL 32137 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S HOLMBERG, LISA 1 LAKESIDE PLACE EAST PALM COAST FL 32137 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR JAMES NOVAK 21 LAKESIDE PLACE EAST PALM COAST, FL 32137 ☐ Change ☐ Addition

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:  **JOHN J RESSER** 3/19/07 386-447-7835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #