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

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1. Entity Name

LAKE VIEW HOMEOWNERS ASSOCIATION AT PALM COAST, INC.

Principal Place of Business	Mailing Address
PO BOX 352259 PALM COAST FL 32135	PO BOX 352259 PALM COAST FL 32135

1st MOORE CR2E037 (10/06)

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

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

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

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 _____ JOHN J RESSER 3/19/07
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, 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			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 RAPISARDA 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 3/19/07 386-447-7833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #