


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 710198 1. Entity Name LAKEVIEW TOWERS APARTMENTS, INC.	
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Principal Place of Business 1801 LAKEVIEW DR SEBRING, FL 33871-3829	Mailing Address 1801 LAKEVIEW DR PO BOX 3829 SEBRING, FL 33871-3829
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03092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1112731	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

**RUTH K DAVIS, INC REAL ESTATE
1981 US 27 S
SEBRING, FL 33870**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, DON 1801 LAKEVIEW DR, APT 212 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADKINS, CARL 1801 LAKEVIEW DR, APT 111 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARNER, E. NEAL 1801 LAKEVIEW DR, APT 208 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHALEN, WILLIAM 1801 LAKEVIEW DR, APT 401 SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROOP, DALTON 2892 SULPHUR SPRINGS ROAD MURFREESBORO, TN 37129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/08-80001-013 61.25

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: *Don Freeman* PIZES DON C FREEMAN 3-13-08 863-402-1349
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #