

**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.



Principal Place of Business
**1801 LAKEVIEW DR
SEBRING, FL 33871-3829**

Mailing Address
**1801 LAKEVIEW DR
PO BOX 3829
SEBRING, FL 33871-3829**



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 ☐ **\$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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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	

000000001244
04/03/08-80001-013 61.25

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IN THIS SPACE**

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 C 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 #