


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 711038 1. Entity Name LAKE VIEW WEST APTS., INC.	
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Principal Place of Business 2000 DIANA DRIVE HALLANDALE, FL 33009	Mailing Address 2000 DIANA DRIVE HALLANDALE, FL 33009
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DO NOT WRITE IN THIS SPACE



07042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1644234	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

VAN LOAN, DON
2000 DIANA DR
APT 207
HALLANDALE, FL 33009

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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, the registered agent.

SIGNATURE: *Ronald Van Loan* (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25
Due by September 7, 2005

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	TD PACITTI, D 2000 DIANA DR HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, JIM 2000 DIANA DR HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN LOAN, D 2000 DIANA DR HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP COMPAGNUCCI, C 2000 DIANA DR HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERKERT, R 2000 DIANA DR HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEDBETTER, CAROLYN 2000 DIANA DR HALLANDALE, FL

U00000371492
07/08/05-80004-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 to this address, with all other like empowered.

SIGNATURE: *Ronald Van Loan* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR