


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90056 002 ****61.25

DOCUMENT # 743289					
1. Entity Name LAKEVIEW CIVIC ASSOCIATION, INC.					
Principal Place of Business 3426 LAKEVIEW DRIVE DELRAY BEACH, FL 33445 US			Mailing Address 3426 LAKEVIEW DRIVE DELRAY BEACH, FL 33445 US		
2. Principal Place of Business 3408 Lakeview Dr. Delray Beach, FL 33445-5729		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAY, DAVID E 3426 LAKEVIEW DRIVE DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name: Barbara Probstein Street: 3408 Lakeview Dr. City: Delray Beach, FL 33445-5729		
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: <i>Barbara Probstein</i>		PRINTED NAME: BARBARA PROBSTEIN		DATE: 3-6-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREEMAN, LYNNE		NAME		
STREET ADDRESS	3225 LAKEVIEW DR		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MATTSON, DOUG		NAME	Judy Gillis	
STREET ADDRESS	3578 LAKEVIEW DR.		STREET ADDRESS	3201 - LAKEVIEW DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	DELRAY	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAY, DAVID		NAME		
STREET ADDRESS	3426 LAKEVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEAVITT, MARIE-CHRISTIN		NAME		
STREET ADDRESS	3455 LAKEVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAHEEN, LISA		NAME		
STREET ADDRESS	3415 LAKEVIEW BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PROBSTEIN, BARBARA		NAME		
STREET ADDRESS	3408 LAKEVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
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: <i>Barbara Probstein</i>		PRINTED NAME: Barbara Probstein		DATE: 3-6-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



03072006 Chg-NP CR2E037 (11/05)

check # 326 - \$ 61.25 enclosed