


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90169 011 ****61.25

DOCUMENT # 747364					
1. Entity Name LAKEVIEW GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8325 SW 56TH ST MIAMI, FL 33155-5424		Mailing Address 8325 SW 56TH ST MIAMI, FL 33155-5424			
2. Principal Place of Business No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2589579	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRINZ, EUGENE A. 8325 SW 56 STREET MIAMI, FL 33155			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature of Secretary or other duly authorized officer of the Corporation (FICLA - Registered Agent is not required to sign this statement)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, EDWARD		NAME		
STREET ADDRESS	5396 SW 80 ST.		STREET ADDRESS		
CITY ST ZIP	MIAMI, FL 33143		CITY ST ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. MAURICE, JOHN		NAME		
STREET ADDRESS	5425 SW 77 CT. #D-212		STREET ADDRESS		
CITY ST ZIP	MIAMI, FL 33155		CITY ST ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIETO, SILVINIO		NAME	REINA, DEBRA	
STREET ADDRESS	7711 SW 56ST A-112		STREET ADDRESS	5501 S.W. 77 CT. # 208-C	
CITY ST ZIP	MIAMI, FL 33155		CITY ST ZIP	MIAMI, FL. 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, MARIA		NAME	CHARLES FRANCIS NUNEZ	
STREET ADDRESS	5401 SW 77 CT #104-E		STREET ADDRESS	5501 S.W. 77 CT. # 104-C	
CITY ST ZIP	MIAMI, FL 33155		CITY ST ZIP	MIAMI, FL. 33155	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, JAY		NAME		
STREET ADDRESS	600 BILTMORE WAY #1019		STREET ADDRESS		
CITY ST ZIP	CORAL GABLES, FL 33134		CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			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 another like empowered.					
SIGNATURE: <i>John St. Maurice</i>		JOHN ST. MAURICE		4-20-07 305-279-0909	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					