

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90307 007 \*\*\*\*61.25

**DOCUMENT # 757284**

1. Entity Name

**LAKE VIEW PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

**444 W. NEW ENGLAND AVE  
STE B  
WINTER PARK FL 32789**

Mailing Address

**444 W. NEW ENGLAND AVE  
STE B  
WINTER PARK FL 32789**

2. Principal Place of Business

**232 WILSHIRE BV.**

Suite, Apt. #, etc.

3. Mailing Address

**232 WILSHIRE BV.**

Suite, Apt. #, etc.

City &amp; State

**CASSELBERRY, FL**

Zip

**32707**

Country

**USA**

City &amp; State

**CASSELBERRY, FL**

Zip

**32707**

Country

**USA**

4. FEI Number

**59-2147851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MALCOLM THOMAS D.  
444 NEW ENGLAND AVE STE B  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

**BARBER, FRANK PAUL**  
Street Address (P.O. Box Number is Not Acceptable)  
**DEER RUN REALTY MANAGEMENT**  
**232 WILSHIRE BV.**  
City **CASSELBERRY** FL Zip Code **32707**

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.

SIGNATURE

*Frank Paul Barber***4-26-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SABETI, MATT	
STREET ADDRESS	132 E. COLONIAL DR. STE 213	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SABETI, HANK	
STREET ADDRESS	132 E. COLONIAL DR. STE 213	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRACKIN, ANDREA	
STREET ADDRESS	444 W. NEW ENGLAND AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBER, FRANK PAUL	
STREET ADDRESS	232 WILSHIRE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-26-02 407-260-6050**

CR2E037 (9/01)