2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # G42151

1. Entity Name

LAKEVIEW GARDENS DEVELOPMENT CORPORATION



FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90967 013 ***150.00

4830 PALMETTO WOODS DRIVE 4830			iling Address 30 PALMETTO WOODS DRIVE APLES FL 34119-2810			1 500/11/2 00/11 010/10 1140/1 1140/1 01/4/1	KES BIGN BIBN GIGN	BIBN BIBN BIBN IBBI	
Principal Place of Business 3. Mailing Address				T-00-20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
Suite, Apt. #, etc. Su		Suite, Ap	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			59-2390279		Applied For Not Applicable	
Zip	Country	Zip	C	Country	5.	Certificate of Status Desired	\$8.75 Fee Re	Additional	
	6. Name and Address of Current R	egistered Ag	ent	Τ,	7	Name and Address of New Regi		<u>·</u>	
		egiblered Ag		Name		name and Address of New rieg.	stered Agent		
MACE E	DWADD I			, tanto			_		
MACE, EDWARD J.				Street Address (P.O. Box Number is Not Acceptable)					
720 GOO	DLETTE ROAD #202					. ,			
NAPLES, FL 33940					•				
				City		·	FL Zip	Code	
8. The above	named entity submits this statement for	the purpose o	f changing its regi	stered office or re	nistered an	ent or both in the State of Florida	a Lam familiar	with and accent	
the obligat	tions of registered agent.	are purpose o	, one ging to log.		giotoroa ag	porte, or board, in the older or Fronds	1. Telli telliller i	with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable.	(NOTE: Reg	istered Agent signature	required when re	einstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Finance Trust Fund Contribution.		55.00 May Be dded to Fees	
10.	OFFICERS AND D	IRECTORS		11.	ΑΓ	DITIONS/CHANGES TO OFFICE	RS AND DIRECT	TORS IN 11	
TITLE.	PVST			TITLE	7,12	551110110701111110101101101101	☐ Cha		
NAME	FORESMAN, WILLIAM	:	Delete	NAME			L. Cita	nge	
STREET ADDRESS	4830 PALMETTO WOODS DRIVE			STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34119-2810			CITY-ST-ZIP					
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CITY-ST-ZIP				CITY-ST-7IP					

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 607, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WINTENER EQUIRED 2-27-03

☐ Defete

239-262-7866

Daytime Phone #

☐ Change

Addition