

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90053 002 ****61.25

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1. Entity Name
 VILLAS AT LAKEVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 5200 NW 31ST AVENUE
 FT. LAURDERDALE, FL 33309

Mailing Address
 5200 NW 31ST AVENUE
 FT. LAURDERDALE, FL 33309

40011848



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01042008 Chg-NP CR2E037 (12/06)

Zip

Country

Zip

Country

4. FEI Number
 20-3384651

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATLANTIC & PACIFIC MANAGEMENT
 800 PALM TRAIL
 SUITE 2
 DELRAY BEACH, FL 33483

Name
 RANDALL K. ROSEN & ASSOCIATES, PA
 Street Address (P.O. Box Number is Not Acceptable)
 621 NW 53RD STREET
 Suite 300
 City
 BOCA RATON FL Zip Code
 33487

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 RANDALL K. ROSEN

1-21-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$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 PRES Delete
 NAME POWELL, ERIC
 STREET ADDRESS 5200 NW 31ST AVENUE
 CITY-ST-ZIP FT. LAURDERDALE, FL 33309

TITLE PRESIDENT Change Addition
 NAME JACK AXELROD
 STREET ADDRESS 5200 NW 31ST AVE
 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE VP Delete
 NAME HUDSON, DONNA
 STREET ADDRESS 5200 NW 31ST AVENUE
 CITY-ST-ZIP FT. LAURDERDALE, FL 33309

TITLE SECRETARY/TREASURER Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP Delete
 NAME RUBIN, NORM
 STREET ADDRESS 5200 NW 31ST AVENUE
 CITY-ST-ZIP FT. LAURDERDALE, FL 33309

TITLE SECRETARY/TREASURER Change Addition
 NAME MICHAEL ALIA
 STREET ADDRESS 5200 NW 31ST AVE
 CITY-ST-ZIP Ft. Lauderdale, FL

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08

Date

Daytime Phone #