

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90067 048 ****61.25

DOCUMENT # N96000005251

1. Entity Name
LAKEVIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
4398 N.W. 25TH WAY
BOCA RATON, FL 33434

Mailing Address
C/O PROPERTY MGMT RESOURCES
4000 S. 57 AVE, STE 101
LAKEWORTH, FL 33463

24026253



2. Principal Place of Business 3. Mailing Address

4000 SOUTH 57TH AVE STE 101

Suite, Apt. #, etc. Suite, Apt. #, etc.

LAKE WORTH FL

City & State

33463

City & State

Zip

Country

Zip

Country

PALM BEACH COUNTY

01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0724421

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

PROPERTY MANAGEMENT RESOURCES
4000 S 57TH AVE
101
LAKE WORTH, FL 33463

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

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, 2004**

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 ☒ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**AVIDANO, MARC
7061 SAINT CLAIR COURT
LAKE WORTH, FL 33467**

TITLE ☒ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**BIRKS, SHARI
6496 BLUE BAY CIRCLE
LAKE WORTH, FL 33467**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**SARO, ROBERT
7226 BRICK YARD CIRCLE
LAKE WORTH, FL 33467**

TITLE ☒ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**CARRATELLO, PHILLIP
7068 ST CLAIR CT
LAKE WORTH, FL 33463**

TITLE ☒ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
**SELIG, MARK
6790 BLUE BAY CIR
LAKE WORTH, FL 33463**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BROUSSARD ARNOLD
6406 BLUE BAY CIRCLE
LAKE WORTH, FL 33467**

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ALBINO ROBERT
7183 BRICKYARD CIRCLE
LAKE WORTH, FL 33467**

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MORGAN SHAMBA
7083 THUNDER BAY DR.
LAKE WORTH, FL 33467**

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DALBY SHERMAN
7270 WINDY PRAIRIE
LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(f), 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: *Arnold A. Broussard* **ARNOLD A. BROUSSARD** **3/16/2004** **975-7777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #