

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90010 028 ****61.25

DOCUMENT # N96000005251 1. Entity Name LAKEVIEW ESTATES HOMEOWNERS' ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 6800 WINDPOINT WAY LAKE WORTH, FL 33467			Mailing Address 6800 WINDPOINT WAY LAKE WORTH, FL 33467																																																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4000 SOUTH 57TH AVE																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 101																																																																																																																																																			
City & State		City & State LAKE WORTH FL.																																																																																																																																																			
Zip	Country	Zip 33463		Country FLORIDA																																																																																																																																																	
6. Name and Address of Current Registered Agent PROPERTY MANAGEMENT RESOURCES 4000 S 57TH AVE # 101 LAKE WORTH, FL 33463			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 _____ 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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>BROUSSARD, ARNOLD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6406 BLUE BAY CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>ALBINO, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7183 BRICKYARD CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>SARO, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7226 BRICK YARD CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MORGAN, SHANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7083 THUNDER BAY DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CURCIO, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6802 BLUE BAY CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">SD</td> <td style="width: 10%; text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>BLINN CHUCK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7122 PARAMOUNT DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>SALOVE DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6305 BLUE BAY CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PO</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MORGAN SHANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7083 THUNDER BAY DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>CURCIO ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6802 BLUE BAY CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE WORTH, FL 33467</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PD	☒ Delete	NAME	BROUSSARD, ARNOLD		STREET ADDRESS	6406 BLUE BAY CIRCLE		CITY-ST-ZIP	LAKE WORTH, FL 33467		TITLE	VD	☐ Delete	NAME	ALBINO, ROBERT		STREET ADDRESS	7183 BRICKYARD CIRCLE		CITY-ST-ZIP	LAKE WORTH, FL 33467		TITLE	VD	☒ Delete	NAME	SARO, ROBERT		STREET ADDRESS	7226 BRICK YARD CIRCLE		CITY-ST-ZIP	LAKE WORTH, FL 33467		TITLE	TD	☐ Delete	NAME	MORGAN, SHANE		STREET ADDRESS	7083 THUNDER BAY DR		CITY-ST-ZIP	LAKE WORTH, FL 33467		TITLE	SD	☐ Delete	NAME	CURCIO, ROBERT		STREET ADDRESS	6802 BLUE BAY CIRCLE		CITY-ST-ZIP	LAKE WORTH, FL 33467		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	SD	☐ Change ☒ Addition	NAME	BLINN CHUCK		STREET ADDRESS	7122 PARAMOUNT DR.		CITY-ST-ZIP	LAKE WORTH, FL 33467		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	TD	☐ Change ☒ Addition	NAME	SALOVE DAVID		STREET ADDRESS	6305 BLUE BAY CIRCLE		CITY-ST-ZIP	LAKE WORTH, FL 33467		TITLE	PO	☒ Change ☐ Addition	NAME	MORGAN SHANE		STREET ADDRESS	7083 THUNDER BAY DR.		CITY-ST-ZIP	LAKE WORTH, FL 33467		TITLE	VD	☐ Change ☐ Addition	NAME	CURCIO ROBERT		STREET ADDRESS	6802 BLUE BAY CIRCLE		CITY-ST-ZIP	LAKE WORTH, FL 33467		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Shane E. Morgan</u> 2/22/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																					