2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State
04-04-2008 90028 001 ****61.25

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1. Entity Name
LAKEVIEW ESTATES HOMEOWNERS' ASSOCIATION, INC.

4UU33300

Principal Place of Business	Mailing Address
6800 WINDPOINT WAY LAKE WORTH, FL 33467	4000 SOUTH 57TH AVE. SUITE 101 LAKE WORTH, FL 33463

01212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BLINN, CHUCK 7122 PARAMOUNT DR. LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALBINO, ROBERT 7183 BRICKYARD CIRCLE LAKE WORTH, FL 33467	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SARO P. ROBERT 7226 BRICKYARD CIRCLE LAKE WORTH, FL. 33467	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SOLOVE, DAVID 6305 BLUE BAY CR. LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPP SOLOVE DAVID 6305 BLUE BAY CIRCLE LAKE WORTH FL. 33467	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORGAN, SHANE 7083 THUNDER BAY DR LAKE WORTH, FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORGAN SHANE 7083 THUNDER BAY DR. LAKE WORTH, FL. 33467	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CURCIO, ROBERT 6802 BLUE BAY CIRCLE LAKE WORTH, FL 33467	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROUSSARD A. ARNOLD 6406 BLUE BAY CIRCLE LAKE WORTH, FL. 33467	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Shane E. Morgan 3/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #