2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N96000005251

Entity Name: LAKEVIEW ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6800 WINDPOINT WAY
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

4000 SOUTH 57TH AVE.
SUITE 101
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0724421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: BLINN, CHUCK
Address: 7122 PARAMOUNT DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD ( ) Delete
Name: ROBERT, SARO
Address: 7226 BRICKYARD CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD ( ) Delete
Name: SOLOVE, DAVID
Address: 6305 BLUE BAY CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete
Name: MORGAN, SHANE
Address: 7083 THUNDER BAY DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: PD ( ) Delete
Name: BROUSSARD, ARNOLD A
Address: 6406 BLUE BAY CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: SARO, ROBERT
Address: 7226 BRICKYARD CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD BROUSSARD P 01/22/2009

Electronic Signature of Signing Officer or Director — Date