

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90112 039 ****61.25

DOCUMENT # N96000005251

1. Entity Name
LAKEVIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4398 N.W. 25TH WAY
BOCA RATON FL 33464**

Mailing Address

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

2. Principal Place of Business

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**

☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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	PD ABBATE, KEVIN 7189 BRICKYARD CIR LAKE WORTH FL 33463	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALEY, SHERMAN 7270 WINDY PRESERVE LAKE WORTH FL 33463	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEELE, BRIAN 6478 WETLAND DR LAKE WORTH FL 33463	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARRATELLO, PHILLIP 7068 ST CLAIR CT LAKE WORTH FL 33463	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG-SELIG, KAREN 6790 BLUE BAY CIR LAKE WORTH FL 33463	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AVIDANO, MARC 7061 SAINT CLAIR COURT LAKE WORTH, FL. 33467	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIRKS, SHARI 6496 BLUE BAY CIRCLE LAKE WORTH, FL. 33467	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARD, ROBERT 7226 BRICKYARD CIRCLE LAKE WORTH, FL 33467	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRATELLO, PHILIP D. 7068 SAINT CLAIR CT. LAKE WORTH, FL. 33463	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SELIG, MARK 6790 BLUE BAY CIRCLE LAKE WORTH, FL 33463	☐ Change ☒ Addition
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 exemption stated in Section 119.07(3)(i), 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 Required

Jan. 31, 2003

561-965-3587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)