


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000001868 1. Entity Name <b>LAKEVIEW POINT CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1891 PORTER LAKE DR          SARASOTA, FL 34240</b>	Mailing Address <b>4411 BEE RIDGE ROAD #482          SARASOTA, FL 34233</b>
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0916002</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DIFFLEY, PATRICK  
 1891 PORTER LAKE DR. #106  
 SARASOTA, FL 34240**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<b>DIFFLEY, PATRICK 4411 BEE RIDGE ROAD #482 SARASOTA, FL 34233</b>
TITLE <b>TD</b>	<b>WRIGHT, DEBRA 4411 BEE RIDGE ROAD #482 SARASOTA, FL 34233</b>
TITLE <b>VSD</b>	<b>RUBIN, DAVID 4411 BEE RIDGE ROAD #482 SARASOTA, FL 34233</b>
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	
TITLE <b>NAME</b>	

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01/15/08-80045-010 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *Debra Wright* **Debra Wright** 1/9/2008 941/228-1193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #