

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711038

(0)

1. Corporation Name

LAKE VIEW WEST APTS., INC.

Principal Place of Business

2000 DIANA DRIVE
HALLANDALE FL 33009

Mailing Address

2000 DIANA DRIVE
HALLANDALE FL 33009



3. Date Incorporated or Qualified

06/14/1966

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-1644234

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

TOFINI, ROBERT
2000 DIANA DRIVE
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81

Name

CATHERINE CHANEY

82

Street Address (P.O. Box Number is Not Acceptable)

2000 DIANA DRIVE

83

84

City

HALLANDALE

FL

85

Zip Code

33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Catherine Chaney

(Signature, typed printed name of registered agent and first if applicable)

(NOTE: Registered Agent signature required when re-registering)

4 April 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
TOFINI, ROBERT
2000 DIANA DR
HALLANDALE, FL 00000

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
LEDBETTER, C
2000 DIANA DR
HALLANDALE, FL 00000

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
LEFFLER, JEFF
3000 DIANA DR
HALLANDALE FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
VAN LOAN, D.
2000 DIANA DR
HALLANDALE, FL 00000

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HERKERT, B
2000 DIANA DR
HALLANDALE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

F.D.
SCHIVITO,
2000 DIANA DR.
HALLANDALE, FL 33009

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SD
BATTISTE,
2000 DIANA DR.
HALLANDALE, FL 33009

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

P.D.
VAN LOAN, D.
2000 DIANA DR.
HALLANDALE FL 33009

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

V.P.D.
CHANEY, C.
2000 DIANA DR.
HALLANDALE, FL 33009

☒ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel Van Loan

(Signature and typed or printed name of signing officer or director)

4/4/96 (954) 456-3809

Date

Daytime Phone #

CR2E037 (12/95)