

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90017 044 ****61.25

DOCUMENT # 734793

1. Entity Name

LAKEVIEW CONDOMINIUM SYSTEM, INC.

Principal Place of Business

Mailing Address

**810 LAKE SHORE DRIVE
UNIT 47
LAKE PARK FL 33403
US**

**810 LAKE SHORE DRIVE
UNIT 47
LAKE PARK FL 33403
US**

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

59-1979336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIPSON, SETH CPA
1920 PALM BEACH LAKES BLVD, STE 204
WEST PALM BEACH FL 33409**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
LINEHAN, WILLIAM
STREET ADDRESS **1070 SUGAR SANDS BLVD., #387**
CITY-ST-ZIP **SINGER ISLAND FL**

TITLE ☐ Change ☒ Addition
NAME **SD**
ANDY PIDGEON
STREET ADDRESS **810 LAKE SHORE DR. #30**
CITY-ST-ZIP **LAKE PARK, FL. 33403**

TITLE ☐ Delete
NAME **TD**
JAROSLAWSKY, LIDIA
STREET ADDRESS **810 LAKE SHORE DRIVE, #45**
CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE ☐ Change ☒ Addition
NAME **D**
MAYLEA WON
STREET ADDRESS **P. O. BOX 30522**
CITY-ST-ZIP **WEST PALM BEACH, FL. 33420-0522**

TITLE ☒ Delete
NAME **SD**
SHERADIN, WILLIAM
STREET ADDRESS **810 LAKE SHORE DRIVE, #41**
CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
BRADSHAW, BARBARA
STREET ADDRESS **810 LAKE SHORE DR, UNIT 43**
CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *William Linehan* **WILLIAM LINEHAN** 2/2/02 561-842-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)