

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 711038

1. Entity Name
LAKE VIEW WEST APTS., INC.



Principal Place of Business:
**2000 DIANA DRIVE
HALLANDALE, FL 33009**

Mailing Address
**2000 DIANA DRIVE
HALLANDALE, FL 33009**



03112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1644234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VAN LOAN, DONALD
2000 DIANA DR
APT 207
HALLANDALE, FL 33009**

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IN THIS SPACE**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CENCI, MICHAEL JR
STREET ADDRESS	2000 DIANA DR #302
CITY-ST-ZIP	HALLANDALE, FL
TITLE	SD
NAME	D'ANNUNZIO, MICHAEL
STREET ADDRESS	2000 DIANA DR #307
CITY-ST-ZIP	HALLANDALE, FL
TITLE	PD
NAME	VAN LOAN, DONALD
STREET ADDRESS	2000 DIANA DR #207
CITY-ST-ZIP	HALLANDALE, FL
TITLE	VPD
NAME	COMPAGNUCCI, C
STREET ADDRESS	2000 DIANA DR #105
CITY-ST-ZIP	HALLANDALE, FL
TITLE	D
NAME	DOUGHERTY, JACK
STREET ADDRESS	2000 DIANA DR #108
CITY-ST-ZIP	HALLANDALE, FL
TITLE	D
NAME	AMATO, RAY
STREET ADDRESS	2000 DIANA DR #104
CITY-ST-ZIP	HALLANDALE, FL

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03/23/07-80070-002 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #