

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

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 734793**

1. Entity Name  
**LAKEVIEW CONDOMINIUM SYSTEM, INC.**



Principal Place of Business  
**810 LAKE SHORE DRIVE  
UNIT 47  
LAKE PARK, FL 33403 US**

Mailing Address  
**810 LAKE SHORE DRIVE  
UNIT 47  
LAKE PARK, FL 33403 US**



02152007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SERRAES, LOUIS  
810 LAKE SHORE DRIVE #42  
LAKE PARK, FL 33403**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ANDY, PIDGEON  
810 LAKESHORE DR #30  
LAKE PARK, FL 33403**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000703390  
04/20/07-80138-015 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:**

*William Linehan* **WILLIAM LINEHAN** 4/9/2007 561-842-7792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #