

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

FILED

Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # 711038 1. Entity Name LAKE VIEW WEST APTS., INC.	
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Principal Place of Business 2000 DIANA DRIVE HALLANDALE, FL 33009	Mailing Address 2000 DIANA DRIVE HALLANDALE, FL 33009
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03242008 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

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000871702 04/10/08-80008-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CENCI, MICHAEL JR 2000 DIANA DR #302 HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD D'ANNUNZIO, MICHAEL 2000 DIANA DR #307 HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN LOAN, DONALD 2000 DIANA DR #207 HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COMPAGNUCCI, C 2000 DIANA DR #105 HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, JACK 2000 DIANA DR #108 HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATO, RAY 2000 DIANA DR #104 HALLANDALE, FL

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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: Donald Van Loan 3/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #