

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734793

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: LAKEVIEW CONDOMINIUM SYSTEM, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-1979336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LINEHAN, WILLIAM  
Address: 1070 SUGAR SANDS BLVD., #387  
City-St-Zip: SINGER ISLAND, FL

Title: TD ( ) Delete  
Name: SERRAES, LOUIS  
Address: 810 LAKE SHORE DRIVE #42  
City-St-Zip: LAKE PARK, FL 33403

Title: SD ( ) Delete  
Name: ANDY, PIDGEON  
Address: 810 LAKESHORE DR #30  
City-St-Zip: LAKE PARK, FL 33403

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LINEHAN, WILLIAM  
Address: 1070 SUGAR SANDS BLVD., #387  
City-St-Zip: SINGER ISLAND, FL 33404

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM LINEHAN

PD

02/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date