

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710198

**Entity Name:** LAKEVIEW TOWERS APARTMENTS, INC.**Current Principal Place of Business:**1801 LAKEVIEW DR  
SEBRING, FL 33870**Current Mailing Address:**3310 SUNRISE DR.  
SEBRING, FL 33872 US**FEI Number:** 59-1112731**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KLOCKO, RONALD P  
3310 SUNRISE DR.  
SEBRING, FL 33872 US*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**Officer/Director Detail :**

Title	P
Name	FREEMAN, DON C
Address	1801 LAKEVIEW DR, APT 212
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	ADKINS, CARL
Address	1801 LAKEVIEW DR, APT 111
City-State-Zip:	SEBRING FL 33870

Title	VP
Name	GARNER, E. NEAL
Address	1801 LAKEVIEW DR, APT 208
City-State-Zip:	SEBRING FL 33870

Title	SECRETARY
Name	HAWKEN, WILLIAM
Address	1801 LAKEVIEW DR, APT 406
City-State-Zip:	SEBRING FL 33870

Title	TREASURER
Name	SIMMONS, RAY
Address	1801 LAKEVIEW DR. APT. 407
City-State-Zip:	SEBRING, FL 33870

*I hereby 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 all other like empowered.*

**SIGNATURE: DON FREEMAN****PRESIDENT****03/18/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date