

**2017 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

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC8590192939**

**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 GRIM, GARY  
Address 1801 LAKEVIEW DR, APT 109  
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 C. FREEMAN**

**PRESIDENT**

**03/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date