

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711038

**FILED**  
**Apr 12, 2019**  
**Secretary of State**  
**4827004109CC**

**Entity Name:** LAKE VIEW WEST APTS., INC.

**Current Principal Place of Business:**

2000 DIANA DRIVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

PO BOX 85186  
HALLANDALE, FL 33008-5186

**FEI Number:** 59-1644234

**Certificate of Status Desired:** No

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

COMPAGNUCCI, CHARLES  
2000 DIANA DR  
APT 305  
HALLANDALE, FL 33009 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:** CHARLES COMPAGNUCCI

04/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICEPRESIDENT, DIRECTOR  
Name D'ANNUNZIO, MICHAEL  
Address 2000 DIANA DR  
#307  
City-State-Zip: HALLANDALE FL 33009

Title TREASURER, DIRECTOR  
Name HERKERT, ALBERT R  
Address 2000 DIANA DR  
#101  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name BURDO, JOE  
Address 2000 DIANA DR  
#208  
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT, DIRECTOR  
Name COMPAGNUCCI, CHARLES  
Address 2000 DIANA DR  
#105  
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP, DIRECTOR  
Name ABBONIZIO, ANTHONY  
Address 2000 DIANA DR  
#209  
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP, DIRECTOR  
Name PISANO, HENRY  
Address 2000 DIANA DR  
#306  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name DOUGHERTY, JACK  
Address 2000 DIANA DR  
#109  
City-State-Zip: HALLANDALE BEACH FL 33009

Title SECRETARY, DIRECTOR  
Name BERNSTEIN, JACK  
Address 2000 DIANA DR  
#305  
City-State-Zip: HALLANDALE BEACH FL 33009

**Continues on page 2**

*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:** CHARLES COMPAGNUCCI

PD

04/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            PRISCOPO, CHARLES  
Address        2000 DIANA DR  
                  #108  
City-State-Zip: HALLANDALE BEACH FL