

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726776

Entity Name: LAKEVIEW GREENS CONDOMINIUM ASSOCIATION "A", INC.**FILED**
Feb 27, 2014
Secretary of State
CC4794249323**Current Principal Place of Business:**4723 W. ATLANTIC AVE
STE A-19
DELRAY BEACH, FL 33445**Current Mailing Address:**4723 W. ATLANTIC AVE
STE A-19
DELRAY BEACH, FL 33445**FEI Number:** 59-1725638**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, DANNY L
4723 W. ATLANTIC AVE
STE A-19
DELRAY BEACH, FL 33445 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	PRESIDENT
Name	NELSON, MARY
Address	3011 LINTON BLVD D105
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	MCGEE, JACKIE
Address	3011 LINTON BLVD D-115
City-State-Zip:	DELRAY BEACH FL 33445

Title	SECRETARY/ASST TREASURER
Name	BETANCUR, LUIS
Address	1700 DOVER RD A-107
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	CASCIO, PETER
Address	1600 DOVER RD B-104
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	MORRISON, DANA
Address	1700 DOVER RD A-108
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	LANGLAIS, AL
Address	1600 DOVER RD B-110
City-State-Zip:	DELRAY BEACH FL 33445

Title	VP, TREASURER
Name	SOBOL, PERRY
Address	3011 LINTON BLVD D-206
City-State-Zip:	DELRAY BEACH FL 33445

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: MARY NELSON

PRESIDENT

02/27/2014

Electronic Signature of Signing Officer/Director Detail_____
Date