

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757284

Entity Name: LAKE VIEW PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5955 SCOTCHWOOD GLEN
ORLANDO, FL 32822**Current Mailing Address:**882 JACKSON AVE
WINTER PARK, FL 32789**FEI Number:** 59-2147851**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JORDAN, BRETT M
882 JACKSON AVENUE
WINTER PARK, FL 32789 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 SPIVEY, MALLORY
Address 882 JACKSON AVE
City-State-Zip: WINTER PARK FL 32789

Title VP
Name SILVER, WINTHROP
Address 882 JACKSON AVE
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY
Name CLAXTON, ANDREA
Address 882 JACKSON AVE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name PARKER, SANDRA
Address 882 JACKSON AVE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name HAYWOOD, BERNADINE
Address 882 JACKSON AVE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name DUGGAN, DUG
Address 882 JACKSON AVE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name RUSSELL, FIONA
Address 882 JACKSON AVE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name ROWE, PAUL
Address 5955 SCOTCHWOOD GLEN
City-State-Zip: ORLANDO FL 32822

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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: WINTHROP SILVER**VICE PRESIDENT****02/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BROWN, AMY
Address	5955 SCOTCHWOOD GLEN
City-State-Zip:	ORLANDO FL 32822