

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001845

Entity Name: LAKEVIEW RESERVE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**13350 WEST COLONIAL DRIVE
SUITE 330
WINTER GARDEN, FL 34787**Current Mailing Address:**PO BOX 783367
WINTER GARDEN, FL 34778 US**FEI Number:** 59-3711872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHWEST PROPERTY MANAGEMENT
13350 WEST COLONIAL DRIVE
SUITE 330
WINTER GARDEN, FL 34787 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	VP
Name	THIGPEN, LINDSEY
Address	SOUTHWEST PROPERTY MANAGEMENT PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	TREASURER
Name	GUILLEN, JASON
Address	SOUTHWEST PROPERTY MANAGEMENT P.O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	DIRECTOR
Name	OSTERHOUT, ANNE
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	PRESIDENT
Name	CASTELLANOS, ARNOLD
Address	SOUTHWEST PROPERTY MANAGEMENT P.O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	SECRETARY
Name	HUMMEL, BETSY
Address	SOUTHWEST PROPERTY MANAGEMENT P.O. BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

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: ARNOLD CASTELLANOS**PRESIDENT****04/24/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date