

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011172

**Entity Name:** LAKEVIEW VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

15010 NW 173RD ST  
ALACHUA, FL 32615

**Current Mailing Address:**

P.O. BOX 969  
ALACHUA, FL 32616 US

**FEI Number: 20-3382770**

**Certificate of Status Desired: No**

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

BURGESS MANAGEMENT SERVICES, LLC  
15010 NW 173RD ST  
ALACHUA, FL 32615 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: SANDRA BURGESS**

**02/16/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY TREASURER  
Name DIEHL, PEGGY  
Address P.O. BOX 969  
City-State-Zip: ALACHUA FL 32616

Title DIRECTOR  
Name STIRLING, JACQUELINE  
Address P.O. BOX 969  
City-State-Zip: ALACHUA FL 32616

Title DIRECTOR  
Name LEE, TROY  
Address P.O. BOX 969  
City-State-Zip: ALACHUA FL 32616

Title PRESIDENT  
Name BARKER, SCOTT  
Address P.O. BOX 969  
City-State-Zip: ALACHUA FL 32616

Title DIRECTOR  
Name RICHESON, MARCUS  
Address P.O. BOX 969  
City-State-Zip: ALACHUA FL 32616

*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: SCOTT BARKER**

**PRESIDENT**

**02/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date