

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011899

**Entity Name:** LAKEVIEW VILLAS P.O.A., INC.

**Current Principal Place of Business:**

2476 N. ESSEX AVE.  
HERNANDO, FL 34442

**Current Mailing Address:**

2476 N. ESSEX AVE.  
HERNANDO, FL 34442

**FEI Number:** 20-2025447

**Certificate of Status Desired:** No

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

ABEL, ERIC D. ESQ.  
2476 N. ESSEX AVE.  
HERNANDO, FL 34442 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 PD  
Name CHRISTENSEN, ROBERT S  
Address 2476 N. ESSEX AVE.  
City-State-Zip: HERNANDO FL 34442

Title TD  
Name PASTOR, JOHN E  
Address 2476 N. ESSEX AVE.  
City-State-Zip: HERNANDO FL 34442

Title SD  
Name DRISKILL, DEB  
Address 2476 N. ESSEX AVE.  
City-State-Zip: HERNANDO FL 34442

Title D  
Name JESWEIN, ROBERT E  
Address 2067 N LAKECREST LOOP  
City-State-Zip: HERNANDO FL 34442

Title D  
Name COURTNEY, OVAL E  
Address 1374 W CROSSVIEW WAY  
City-State-Zip: HERNANDO FL 34442

*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:** DEB DRISKILL

SD

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date