

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008225

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC4575062983**

**Entity Name:** VILLAS AT LAKEVIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ON CALL MANAGEMENT LLC  
4502 INVERRARY BLVD  
LAUDERHILL, FL 33319

**Current Mailing Address:**

C/O ON CALL MANAGEMENT LLC  
4502 INVERRARY BLVD  
LAUDERHILL, FL 33319 US

**FEI Number:** 20-3384651

**Certificate of Status Desired:** No

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

ON CALL MANAGEMENT LLC  
4502 INVERRARY BLVD  
LAUDERHILL, FL 33319 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:** NARESH RAY BACHAN

03/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            BURNS, ARTHUR  
Address        C/O ON CALL MANAGEMENT LLC  
                  4502 INVERRARY BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title            S  
Name            CAUNITS, MARTIN  
Address        C/O ON CALL MANAGEMENT LLC  
                  4502 INVERRARY BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title            T  
Name            SELIGER , RUSSELL  
Address        C/O ON CALL MANAGEMENT LLC  
                  4502 INVERRARY BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title            D  
Name            CASWELL, GABRIELA  
Address        C/O ON CALL MANAGEMENT LLC  
                  4502 INVERRARY BLVD  
City-State-Zip: LAUDERHILL FL 33319

Title            D  
Name            DOBRIN , GABRIEL  
Address        5200 N W 31ST AVENUE  
City-State-Zip: FT.LAUDERDALE FL 33309

*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:** ARTHUR BURNS

P

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date