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: WILLIAM L DOBSA

City-State-Zip: PALM COAST FL 32137

Electronic Signature of Signing Officer/Director Detail

TREASURER

The above named entity submits this statement for the purpose of changing its registered efficiency registered agent, or both in the State of Elevida

The above named	entity submits this statement for the purpose of changing it.	s registered office or regis	tered agent, or both, in the State of	Florida.
SIGNATURE:	WILLIAM L DOBSA			01/10/2017
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PRESIDENT	Title	TREASURER	
Name	DISANTO, LOUIS	Name	DOBSA, WILLIAM	
Address	55 PLAZA DRIVE UNIT D2	Address	55 PLAZA DRIVE UNIT D2	
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	PALM COAST FL 32137	
Title	VP			
Name	FLANDREAU, LESLIE			
Address	55 PLAZA DRIVE UNIT D2			

### **FEI Number: NOT APPLICABLE**

# Name and Address of Current Registered Agent:

PALM COAST, FL 32137 US

BRIDALS BY AGNES INC. 55 PLAZA DRIVE

UNIT D2

55 PLAZA DRIVE UNIT D2 PALM COAST, FL 32137 US

# **Current Mailing Address:**

DOCUMENT# N0800008210

## Entity Name: LAKEVIEW PLAZA CONDOMINIUM ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

55 PLAZA DRIVE UNIT D2 PALM COAST, FL 32137

# FILED Jan 10, 2017

Certificate of Status Desired: No

### Secretary of State CC1790886323

01/10/2017 Date