

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16877

**Entity Name:** LAKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 23, 2024**  
**Secretary of State**  
**5015258320CC**

**Current Principal Place of Business:**

323 CIRCLE DR  
MAITLAND, FL 32751

**Current Mailing Address:**

323 CIRCLE DR  
MAITLAND, FL 32751 US

**FEI Number: 59-2732593**

**Certificate of Status Desired: No**

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

VISTA COMMUNITY ASSOCIATION MANAGEMENT  
323 CIRCLE DR  
MAITLAND, FL 32751 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 DIRECTOR  
Name CANTIBEROS, ANDRE  
Address 323 CIRCLE DR  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name MACKLE, AMELIA  
Address 323 CIRCLE DR  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name MAGUIRE, BERNARD  
Address 323 CIRCLE DR  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name YOUNT, JUSTIN  
Address 323 CIRCLE DR  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name EGGERTON , JACQUELYN  
Address 323 CIRCLE DR  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name DEL CASTILLO, LORI  
Address 323 CIRCLE DR  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name STEENEKAMP, FREDERIK  
Address 323 CIRCLE DR  
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR  
Name TRAFFICANTE, MICHELLE  
Address 323 CIRCLE DR  
City-State-Zip: MAITLAND FL 32751

*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: LORI DEL CASTILLO**

**DIRECTOR**

**04/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date