

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

DOCUMENT# N18975

**Entity Name:** LAKEVIEW MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 08, 2024**  
**Secretary of State**  
**4408340843CC**

**Current Principal Place of Business:**

1164 GOODLETTE RD  
NAPLES, FL 34102

**Current Mailing Address:**

1164 GOODLETTE RD  
NAPLES, FL 34102 US

**FEI Number: 59-2795526**

**Certificate of Status Desired: No**

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

RE 1 ADVISOR, LLC  
1164 GOODLETTE RD  
NAPLES, FL 34102 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:** CLIFFORD OLSON

04/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COHEN, NEIL  
Address        1164 GOODLETTE RD  
City-State-Zip: NAPLES FL 34102

Title            VP  
Name            CASE, PATRICE DR.  
Address        1164 GOODLETTE RD  
City-State-Zip: NAPLES FL 34102

Title            SECRETARY  
Name            FILTHAUT, RAINER  
Address        1164 GOODLETTE RD  
City-State-Zip: NAPLES FL 34102

*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:** NEIL COHEN

**PRESIDENT**

04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date