

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N18975

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

**Current Principal Place of Business:**

700 2ND AVE N  
NAPLES, FL 34102

**Current Mailing Address:**

C/O KOVA PROPERTY MANAGEMENT, LLC  
P.O. BOX 10608  
NAPLES, FL 34101 US

**FEI Number:** 59-2795526

**Certificate of Status Desired:** No

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

KOVA PROPERTY MANAGEMENT, LLC  
1250 TAMiami TRAIL N, SUITE 101  
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:** ANTHONY EMMA

06/24/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name MISIR, STEVE  
Address 700 2ND AVENUE NORTH #101  
City-State-Zip: NAPLES FL 34102

Title PRESIDENT  
Name CASE, PATRICE DR.  
Address 700 2ND AVENUE N #201  
City-State-Zip: NAPLES FL 34102

Title VP  
Name FABACHER, JEFF  
Address 700 2ND AVE #302  
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:** PATRICE CASE

PRES

06/24/2015

Electronic Signature of Signing Officer/Director Detail

Date