

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24063

Entity Name: LAKEVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**761 CIARA CREEK COVE
LONGWOOD, FL 32750**Current Mailing Address:**761 CIARA CREEK COVE
LONGWOOD, FL 32750 US**FEI Number:** 59-2928310**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BONO AND ASSOCIATES, LLC
761 CIARA CREEK COVE
LONGWOOD, FL 32750 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:** MICHAEL L BONO

04/12/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BONO, MICHAEL L
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title TREASURER
Name OHLSON, AMANDA
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name BREEDEN, ANTHONY
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title VP
Name PIRTLE, DAVID
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY
Name MCCORMICK, MARY
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name SPRAGUE, VICKI
Address 761 CIARA CREEK COVE
City-State-Zip: LONGWOOD FL 32750

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: MICHAEL BONO

PRESIDENT

04/12/2017

Electronic Signature of Signing Officer/Director Detail

Date