

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24063

**Entity Name:** LAKEVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750

**Current Mailing Address:**

640 E. STATE ROAD 434 SUITE 3000  
LONGWOOD, FL 32750 US

**FEI Number:** 59-2928310

**Certificate of Status Desired:** No

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

BONO AND ASSOCIATES, LLC  
640 E. STATE ROAD 434 SUITE 3000  
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

04/22/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BONO, MICHAEL L  
Address        640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title            TREASURER  
Name            OHLSON, AMANDA  
Address        640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title            SECRETARY  
Name            BREEDEN, ANTHONY  
Address        640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title            VP  
Name            PIRTLE, DAVID  
Address        640 E. STATE ROAD 434 SUITE 3000  
City-State-Zip: LONGWOOD FL 32750

Title            DIRECTOR  
Name            SPRAGUE, VICKI  
Address        640 E. STATE ROAD 434 SUITE 3000  
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

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date