

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006143

**FILED**  
**Mar 23, 2021**  
**Secretary of State**  
**1433034632CC**

**Entity Name:** LAKE VIEW HOMEOWNERS ASSOCIATION AT PALM COAST, INC.

**Current Principal Place of Business:**

430 NW LAKE WHITNEY PLACE  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

430 NW LAKE WHITNEY PLACE  
PORT ST. LUCIE, FL 34986 US

**FEI Number: 59-3498683**

**Certificate of Status Desired: No**

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

WATSON ASSOCIATION MANAGEMENT  
1410 PALM COAST PARKWAY NW  
PALM COAST, FL 32137 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: KATHERINE PASS**

**03/23/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	T, DIRECTOR
Name	BRAUNER, CHRIS	Name	CAHIL, RICK
Address	1410 PALM COAST PARKWAY NW	Address	1410 PALM COAST PARKWAY NW
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	PALM COAST FL 32137
Title	VP, DIRECTOR	Title	D
Name	HOFF, NICOLE	Name	COOK, FELICIA
Address	1410 PALM COAST PARKWAY NW	Address	1410 PALM COAST PARKWAY NW
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	PALM COAST FL 32137
Title	D	Title	D
Name	PELELLA, JOE	Name	ANDREASSEN, KATHI
Address	1410 PALM COAST PARKWAY NW	Address	1410 PALM COAST PARKWAY NW
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	PALM COAST FL 32137
Title	ASST. TREASURER	Title	DIRECTOR
Name	ATWELL, JIM	Name	MALSTEN, KIM
Address	1410 PALM COAST PARKWAY NW	Address	1410 PALM COAST PARKWAY NW
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	PALM COAST FL 32137

*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: CHRIS BRAUNER**

**PRESIDENT**

**03/23/2021**

Electronic Signature of Signing Officer/Director Detail

Date