CUMENT# N98000004586	
ity Name: ESTATES AT LAKE VIEW PROPERTY OWNERS' ASSOC	IATION,
rent Principal Place of Business:	
APOLLO BEACH BLVD	

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

212 APOLLO BEACH BLVD APOLLO BEACH, FL 33572

Current Mailing Address:

212 APOLLO BEACH BLVD APOLLO BEACH, FL 33572 US

FEI Number: 59-3537503

Name and Address of Current Registered Agent:

COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 212 APOLLO BEACH BLVD APOLLO BEACH, FL 33572 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	KATHY TRIMMER		02/10/2021	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	SECRETARY	Title	FIRST VICE PRESIDENT	
Name	WINTERS, ROBERT	Name	CLEARY, RICHARD	
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 212 APOLLO BEACH BLVD	Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 212 APOLLO BEACH BLVD	
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572	
Title	SECOND VICE PRESIDENT	Title	PRESIDENT	
Name	LEMASTER, ROBIN	Name	METCALF, DEAN	
Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 212 APOLLO BEACH BLVD	Address	C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 212 APOLLO BEACH BLVD	
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572	
Title	LICENSED COMMUNITY ASSOCIATION MANAGER	Title Name	TREASURER AQUILO, JAMES	
Name	TRIMMER, KATHY	Address	C/O COMMUNITIES FIRST	
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC 212 APOLLO BEACH BLVD	Address	ASSOCIATION MANAGEMENT LLC, 212 APOLLO BEACH BLVD		
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572	

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: KATHY TRIMMER

02/10/2021 LICENSED COMMUNITY ASSOCIATION MANAGER

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date