

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004586

Entity Name: ESTATES AT LAKE VIEW PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
Feb 02, 2016
Secretary of State
CC4695172510**Current Principal Place of Business:**409 E COLLEGE AVE
RUSKIN, FL 33570**Current Mailing Address:**PO BOX 1058
RUSKIN, FL 33575**FEI Number: 59-3537503****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TRIMMER, KATHY
409 E COLLEGE AVE
RUSKIN, FL 33570 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	WINTERS, BOB
Address	1127 SIGNATURE DRIVE
City-State-Zip:	SUN CITY CENTER FL 33573

Title	1ST VP
Name	HENDERSON, LAURA
Address	1136 SIGNATURE DRIVE
City-State-Zip:	SUN CITY CENTER FL 33573

Title	2ND VP
Name	MANNON, JACK
Address	1125 SIGNATURE DR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	PRESIDENT
Name	METCALF, DEAN
Address	1131 SIGNATURE DR.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	TREASURER
Name	BOSSMAN, DAVE
Address	1137 SIGNATURE DR
City-State-Zip:	SUN CITY CENTER FL 33573

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: DEAN METCALF**PRESIENT****02/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date