# **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004586

Entity Name: ESTATES AT LAKE VIEW PROPERTY OWNERS' ASSOCIATION,

INC.

FILED
Jan 08, 2013
Secretary of State
CC6659024234

# **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 VP Title VP

Name NENARELLA, ROCCO Name HARTER, JARROLD

Address 1138 SIGNATURE DRIVE Address 1104 SIGNATURE DRIVE

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573

Title DS Title TRES

Name GUERTIN, ED Name MORRIS, GENE

Address 1106 SIGNATURE DR Address 1110 SIGNATURE DR.

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: SUN CITY CENTER FL 33573

Title P

Name KEPLEY, FRANK
Address 1121 SIGNATURE DR

SIGNATURE: FRANK KEPLEY

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

01/08/2013