

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

DOCUMENT# N98000004586

**FILED**  
**Feb 15, 2019**  
**Secretary of State**  
**7747187405CC**

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

**Current Principal Place of Business:**

235 APOLLO BEACH BLVD #417  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

235 APOLLO BEACH BLVD #417  
APOLLO BEACH, FL 33572 US

**FEI Number: 59-3537503**

**Certificate of Status Desired: No**

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

TRIMMER, KATHY  
235 APOLLO BEACH BLVD #417  
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**

**02/15/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name WINTERS, BOB  
Address 235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title 1ST VP  
Name MANNON, JACK  
Address 235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title 2ND VP  
Name LEMASTER, ROBIN  
Address 235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title PRESIDENT  
Name METCALF, DEAN  
Address 235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title TREASURER  
Name EATON, DEBRA  
Address 235 APOLLO BEACH BLVD #417  
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: DEAN METCALF**

**PRESIDENT**

**02/15/2019**

Electronic Signature of Signing Officer/Director Detail

Date