

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004586

**Entity Name:** ESTATES AT LAKE VIEW PROPERTY OWNERS' ASSOCIATION, INC.**FILED**  
**Feb 02, 2015**  
**Secretary of State**  
**CC2507444275****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 NENARELLA, ROCCO  
Address 1138 SIGNATURE DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573Title 1ST VP  
Name METCALF, DEAN  
Address 1131 SIGNATURE DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573Title 2ND VP  
Name SMITH, BILL  
Address 1115 SIGNATURE DR  
City-State-Zip: SUN CITY CENTER FL 33573Title PRESIDENT  
Name MORRIS, GENE  
Address 1110 SIGNATURE DR.  
City-State-Zip: SUN CITY CENTER FL 33573Title 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: GENE MORRIS****PRESIDENT****02/02/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date