

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90003 032 ***150.00

DOCUMENT # 344793

1. Entity Name

LAKE EASY LAKEVIEW APARTMENTS INCORPORATED



Principal Place of Business

1800 S HIGHLAND PARK DR
LAKE WALES FL 33898-7431
US

Mailing Address

3468 LONGMEADOW DR.
SARASOTA FL 34235
US

24036300



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1093803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATTAGLIA, JANICE M
3468 LONGMEADOW DRIVE
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, BARBARA S	
STREET ADDRESS	454 BETHANY DR.	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TRAVERS, PATRICK	
STREET ADDRESS	1005 VLARK AVE	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94040	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VOGEL, DOLORES	
STREET ADDRESS	2234 STATE ROAD 17	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BATTAGLIA, JANICE	
STREET ADDRESS	3468 LONGMEADOW DRIVE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	KENYON I. Hicks, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	23 Serpentine Drive	
CITY-ST-ZIP	ATLANTIC HIGHLANDS, N.J. 07716	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles J. BATTAGLIA	
STREET ADDRESS	3468 Longmeadow Drive	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janice M. Battaglia* JANICE M. BATTAGLIA 4-5-04 941-377-9954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #