

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707781

FILED
Jan 26, 2009
Secretary of State

Entity Name: LAKEVIEW LODGE INC

Current Principal Place of Business:

650 PINE DRIVE
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

650 PINE DRIVE
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 59-1113843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSON, TONY
650 PINE DRIVE #1
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARSON, TONY
Address: 650 PINE DR #1
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: T () Delete
Name: GOSSELIN, JEAN-PIERRE
Address: 650 PINE DRIVE #12
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D () Delete
Name: GAUTIER, J.P.
Address: 650 PINE DRIVE #10
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D () Delete
Name: BRETON, SERGE
Address: 650 PINE DR #5
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: D () Delete
Name: DORSEL, WILLIAM
Address: 650 PINE DR. #15
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: AUCOIN, PAUL
Address: 650 PINE DR #11
City-St-Zip: POMPANO BEACH, FL 33060 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEAN-PIERRE GOSSELIN

T

01/26/2009

Electronic Signature of Signing Officer or Director

Date