

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710198

FILED  
Mar 14, 2009  
Secretary of State

Entity Name: LAKEVIEW TOWERS APARTMENTS, INC.

## Current Principal Place of Business:

1801 LAKEVIEW DR  
SEBRING, FL 338713829

## New Principal Place of Business:

1801 LAKEVIEW DR  
SEBRING, FL 33870 US

## Current Mailing Address:

1801 LAKEVIEW DR  
PO BOX 3829  
SEBRING, FL 338713829

## New Mailing Address:

P.O. BOX 3829  
SEBRING, FL 338713829 US

FEI Number: 59-1112731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUTH K DAVIS, INC REAL ESTATE  
1981 US 27 S  
SEBRING, FL 33870 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: FREEMAN, DON  
Address: 1801 LAKEVIEW DR, APT 212  
City-St-Zip: SEBRING, FL 33870

Title: VP ( ) Delete  
Name: ADKINS, CARL  
Address: 1801 LAKEVIEW DR, APT 111  
City-St-Zip: SEBRING, FL 33870

Title: T ( ) Delete  
Name: GARNER, E. NEAL  
Address: 1801 LAKEVIEW DR, APT 208  
City-St-Zip: SEBRING, FL 33870

Title: S ( ) Delete  
Name: WHALEN, WILLIAM  
Address: 1801 LAKEVIEW DR, APT 401  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: STROOP, DALTON  
Address: 2892 SULPHUR SPRINGS ROAD  
City-St-Zip: MURFREESBORO, TN 37129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FREEMAN, DON C  
Address: 1801 LAKEVIEW DR, APT 212  
City-St-Zip: SEBRING, FL 33870

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:

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: DON C. FREEMAN

PRES

03/14/2009

Electronic Signature of Signing Officer or Director

Date