

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90052 029 \*\*\*\*61.25

**DOCUMENT # 711038**

1. Entity Name

**LAKE VIEW WEST APTS., INC.**

Principal Place of Business

Mailing Address

**2000 DIANA DRIVE  
 HALLANDALE FL 33009**

**2000 DIANA DRIVE  
 HALLANDALE FL 33009**

750922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1644234**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee-Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN LOAN, DON  
 2000 DIANA DR  
 APT 207  
 HALLANDALE FL 33009**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PACITTI, D</b>	
STREET ADDRESS	<b>2000 DIANA DR</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, JIM</b>	
STREET ADDRESS	<b>2000 DIANA DR</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>VAN LOAN, D</b>	
STREET ADDRESS	<b>2000 DIANA DR</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>VDP</b>	<input type="checkbox"/> Delete
NAME	<b>COMPAGNUCCI, C</b>	
STREET ADDRESS	<b>2000 DIANA DR</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERKERT, R</b>	
STREET ADDRESS	<b>2000 DIANA DR</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>TOFINI, ESTHER</b>	
STREET ADDRESS	<b>2000 DIANA DR</b>	
CITY-ST-ZIP	<b>HALLANDALE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 617, 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: *Donald A. Pacitti* **Donald A. Pacitti** 3/15/02 954-458-4426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)