

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711038

FILED
Jun 24, 2009
Secretary of State

Entity Name: LAKE VIEW WEST APTS., INC.

Current Principal Place of Business:

2000 DIANA DRIVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

2000 DIANA DRIVE
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 59-1644234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VAN LOAN, DONALD
2000 DIANA DR
APT 207
HALLANDALE, FL 33009 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: TD () Delete
Name: CENCI, MICHAEL JR
Address: 2000 DIANA DR #302
City-St-Zip: HALLANDALE, FL

Title: SD () Delete
Name: D'ANNUNZIO, MICHAEL
Address: 2000 DIANA DR #307
City-St-Zip: HALLANDALE, FL

Title: PD () Delete
Name: VAN LOAN, DONALD
Address: 2000 DIANA DR #207
City-St-Zip: HALLANDALE, FL

Title: VPD () Delete
Name: COMPAGNUCCI, C
Address: 2000 DIANA DR #105
City-St-Zip: HALLANDALE, FL

Title: D () Delete
Name: DOUGHERTY, JACK
Address: 2000 DIANA DR #108
City-St-Zip: HALLANDALE, FL

Title: D () Delete
Name: AMATO, RAY
Address: 2000 DIANA DR #104
City-St-Zip: HALLANDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CENCI, MICHAEL JR
Address: 2000 DIANA DR #302
City-St-Zip: HALLANDALE, FL

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

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

Title: TD (X) Change () Addition
Name: COMPAGNUCCI, C
Address: 2000 DIANA DR #105
City-St-Zip: HALLANDALE, FL

Title: VPD (X) Change () Addition
Name: DOUGHERTY, JACK
Address: 2000 DIANA DR #108
City-St-Zip: HALLANDALE, FL

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 VAN LOAN

PD

06/24/2009

Electronic Signature of Signing Officer or Director

Date