

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90127 007 ****61.25

DOCUMENT # 711038

1. Entity Name
LAKE VIEW WEST APTS., INC.



Principal Place of Business
**2000 DIANA DRIVE
HALLANDALE FL 33009**

Mailing Address
**2000 DIANA DRIVE
HALLANDALE FL 33009**

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

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN LEDBETTER	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS BATTISTE	
STREET ADDRESS	2000 DIANA DRIVE	
CITY-ST-ZIP	HALLANDALE, FL 33009	
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 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: **ESTHER TOFINI** REQUIRED

3/26/03

CR2E037 (10/02)