## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 09, 2008 8:00 am Secretary of State 05-09-2008 90004 018 \*\*\*\*61.25

DOCUMENT #722448

Pictors Rive of Business   Surface	1. Entity Name LAKEVIEW SOUTH-A CONDOMINIUM, INC.								
Suite. ADI 4. etc.  Suite. ADI 4. etc.  Suite. ADI 4. etc.  Suite. ADI 4. etc.  Suite. ADI 5. suite.  Cey & Suite.  Country  See Transmitted.  For Requisted Agent  T. Name and Address of Now Registered Agent  For Requisted.  For Requisted Agent.  FOR ALTHOUGH.  Celly  FL Zip Gode.  8. The above named existly submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent or the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent or born, in the State of Florida. I am familiar with, and accept the obligation of registered agent or born, in the State of Florida. I am familiar with, and accept the obligation of Florida acceptance of Florida acceptance of Florida acceptance of Florida acceptance	5275 NW 10 CT 5275		5275 NW 10 CT	275 NW 10 CT			(12) BION CION OIS	11 <b>1</b> 1	
Cry & State    Cry & State   Cry & State   Cry & State   Security   Cry & State   Security   Cry & State   Security   Cry & State   Security	Principal Place of Business - No P.O. Box #     3.		3. Mailing Address						
Special Country   Zo	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212008 C	hg-NP CR2E0	037 (12/06)		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  RCYAL PROPERTY MGMT 8317 W. ATLANTIC BLVD.  CORAL SPRINGS. FL 33071  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 Florids. I am familiar with, and accept the obligations of registered agent.  SignaTure:  FILING Foe is \$61.25  Due by May 1, 2008  PLANTATION. FL 33313  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.0  AND CHANGES TO OFFICERS AND DIRECTORS 11.0  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.0  ADDITIONS/CHANGE	City & State		City & State			55	<u> </u>	<u> </u>	
ROYAL PROPERTY MGMT 8317 W. ATLANTIC BLVD. CORAL SPRINGS. FL 33071    City   FL   Zip Code	· ·			5. Certificate of Sta		<del>-</del>	Fee Require		
Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  Street Address (P.C. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  Filling Foe is \$61.25  Due by May 1, 2008  PEsclion Carnosing Financing Total Contribution  NAME  Filling Foe is \$61.25  Due by May 1, 2008  PESclion Carnosing Financing Address Research with a statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the control of Florids. I am familiar with, and accept the registered agent, or both, in the State of Florids. I am familiar with, and accept the registered agent, or both, in the State of Florids. I am familiar with, and accept the registered agent.  Interpretation of registered agent.  Signature of registered agent. or both, in the State of Florids. I am familiar with, and accept the registered agent required agent.  In		6. Name and Address of Current	Registered Agent	Name	7. Name and Add	Iress of New Registered	Agent		
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, tyre do printed name of registered agent and time 7 spotkasto.   (NOTE: Registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Porida Department of State    Signature tyre of the porida sept and time 7 spotkasto.	8317 W. ATLANTIC BLVD.								
SIGNATURE    Signature   Signa				City		Fi	Zip Code	ə	
FILING Fee is \$61.25  Due by May 1, 2008  POFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  PD HANNA, LOYD  STRET ADDRESS 275 NW 10TH CCURT  FREDERICK, MARIE  SIRET ADDRESS CITY-S1-2P  PLANTATION, FL 33313  TILE  NAME  GRIECO, DANIEL  SIRET ADDRESS STRET ADDRE	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								
FILING Fee is \$61.25 Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution   \$5.00 May 8e Added to Fees									
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