


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # 734793 1. Entity Name LAKEVIEW CONDOMINIUM SYSTEM, INC.	
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Principal Place of Business 810 LAKE SHORE DRIVE UNIT 47 LAKE PARK, FL 33403 US	Mailing Address 810 LAKE SHORE DRIVE UNIT 47 LAKE PARK, FL 33403 US
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1979336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPSON, SETH CPA
 1920 PALM BEACH LAKES BLVD, STE 204
 WEST PALM BEACH, FL 33409

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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINEHAN, WILLIAM 1070 SUGAR SANDS BLVD., #387 SINGER ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERRAES, LOUIS 810 LAKE SHORE DRIVE #42 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDY, PIDGEON 810 LAKESHORE DR #30 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/08/08-80028-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William Linehan* **WILLIAM LINEHAN** 3/14/2008 561-842-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #