


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90031 050 ****61.25

DOCUMENT # 734989 1. Entity Name LAKEVIEW PROFESSIONAL VILLAGE ASSOCIATION, INC.					
Principal Place of Business 516 LAKEVIEW RD BLDG 5 CLEARWATER, FL 33756 US			Mailing Address 516 LAKEVIEW RD BLDG 5 CLEARWATER, FL 33756 US		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 516 Lakeview Road			
Suite, Apt. #, etc. Villa 6		Suite, Apt. #, etc. Villa 6			
City & State 		City & State Clearwater, FL		4. FEI Number 59-1684807	
Zip 		Zip 33756		Country Pinellas	
6. Name and Address of Current Registered Agent MOLLTON, NANETTE ← misspelled 516 LAKEVIEW RD BUILDING 6 CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Nanette Mouton Street Address (P.O. Box Number is Not Acceptable) 	
City 				City FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD MOUTON, NANETTE 516 LAKEVIEW RD BLDG 5 CLEARWATER, FL 33756		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WARREN, CAROL 516 LAKEVIEW ROAD, BLDG. 6 CLEARWATER, FL 34616		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BANKS, RICHARD 516 LAKEVIEW RD BLDG 3 CLEARWATER, FL 33756		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BETHEL, DORIS 516 LAKEVIEW ROAD, BLDG. 5 CLEARWATER, FL 34616		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Nanette Mouton Nanette Mouton 1-7-08 727-441-1524					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					