

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751129

FILED
Mar 13, 2007
Secretary of State

Entity Name: LAKEVIEW PINES, INC.

Current Principal Place of Business:

5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2108731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER ROAD #4
NAPLES, FL 34109 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: PD () Delete
Name: CAINE, LORNA
Address: 4788 WEST BOULEVARD
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: SAVAGE, DOROTHY
Address: 4724 WEST BOULEVARD
City-St-Zip: NAPLES, FL 34103

Title: STD () Delete
Name: HARTLEY, JACK
Address: 4786 WEST BOULEVARD
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MISKET, PAMELA
Address: 4790 WEST BLVD
City-St-Zip: NAPLES, FL 34103

Title: STD (X) Change () Addition
Name: MILLER, TOM
Address: 4772 WEST BLVD
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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: LORNA CAINE

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date