2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751129

Entity Name: LAKEVIEW PINES, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5435 JAEGER ROAD #4 886 110TH AVENUE N NAPLES, FL 34109

NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

5435 JAEGER ROAD #4 886 110TH AVENUE N NAPLES, FL 34109

NAPLES, FL 34108 US

FEI Number: 59-2108731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWELL, WILLIAM WARNER, BRYAN 5435 JAEGER ROAD #4 886 110TH AVENUE NORTH NAPLES, FL 34109

NAPLES, FL 34108 US

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: BRYAN J WARNER 04/06/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CAINE, LORNA HOLMLUND, JEAN Name: Name: 4788 WEST BOULEVARD Address: 4764 WEST BLVD Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

Title: VD () Delete Title: (X) Change () Addition Name: MISKET, PAMELA Name: MILLER, TOM

Address: 4790 WEST BLVD Address: 4772 WEST BLVD City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

Title: STD () Delete Title: (X) Change () Addition

MILLER, TOM Name: SELINE, DONALD Name: Address: 4772 WEST BLVD Address: 4776 WEST BLVD City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify 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: BRYAN WARNER MGR 04/06/2009