2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 752913

Entity Name: LAKEVIEW GARDENS, INC.

Current Principal Place of Business:

175 CYPRESS WAY E.
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

C/O W.F. FORESMAN
4830 PALMETTO WOODS DR
NAPLES, FL 34119

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORESMAN, PATRICIA
1040 6TH AVE N.
NAPLES, FL 34102 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: SD ( ) Delete
Name: SID MCMAHON,
Address: 175 CYPRESS WAY E #102
City-St-Zip: NAPLES, FL 34119 US

Title: STD ( ) Delete
Name: FORESMAN, WILLIAM,
Address: 1040 6TH AVENUE NORTH
City-St-Zip: NAPLES, FL

Title: DP ( ) Delete
Name: GENE MCMAHON,
Address: 175 CYPRESS WAY E
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WILLIAM F FORESMAN STD 02/02/2009

Electronic Signature of Signing Officer or Director — Date