

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 22, 2004 8:00 am**  
**Secretary of State**

06-22-2004 90001 016 \*\*\*\*61.25

**DOCUMENT # 757284**



1. Entity Name  
**LAKE VIEW PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business  
 232 WILSHIRE BLVD  
 CASSELBERRY, FL 32707

Mailing Address  
 232 WILSHIRE BLVD  
 CASSELBERRY, FL 32707

**54058385**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
 59-2147851

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARBER, FRANK P**  
**DEER RUN REALTY & MANAGEMENT**  
**232 WILSHIRE BLVD**  
**CASSELBERRY, FL 32707**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PTD  Delete  
 NAME: SABETI, MATT  
 STREET ADDRESS: 132 E. COLONIAL DR. STE 213  
 CITY-ST-ZIP: ORLANDO, FL 32801

TITLE: VSD  Delete  
 NAME: SABETI, HANK  
 STREET ADDRESS: 132 E. COLONIAL DR. STE 213  
 CITY-ST-ZIP: ORLANDO, FL 32801

TITLE: D  Delete  
 NAME: BARBER, FRANK P  
 STREET ADDRESS: 232 WILSHIRE  
 CITY-ST-ZIP: CASSELBERRY, FL 32707

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: President  Change  Addition  
 NAME: Ronald Schwartz  
 STREET ADDRESS: 3348 Edgewater Drive  
 CITY-ST-ZIP: ORLANDO, FL 32804

TITLE: VICE PRESIDENT  Change  Addition  
 NAME: Madelyn Boetler  
 STREET ADDRESS: 3348 Edgewater Drive  
 CITY-ST-ZIP: ORLANDO, FL 32804

TITLE: SECRETARY, TREASURER  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frank Paul Barber* 6/15/04 407-260-6050  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #