

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757284

**FILED**  
**Feb 08, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

232 WILSHIRE BLVD  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

232 WILSHIRE BLVD  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** 59-2147851      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BARBER, FRANK P  
DEER RUN REALTY & MANAGEMENT  
232 WILSHIRE BLVD  
CASSELBERRY, FL 32707 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: P ( ) Delete  
Name: SCHWARTZ, RONALD  
Address: 3348 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: VP (X) Delete  
Name: BORTLER, MADELYN  
Address: 3348 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: ST (X) Delete  
Name: BARBER, FRANK P  
Address: 232 WILSHIRE  
City-St-Zip: CASSELBERRY, FL 32707

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

Title: S/T (X) Change ( ) Addition  
Name: BARBER, FRANK P  
Address: 232 WILSHIRE BLVD.  
City-St-Zip: CASSELBERRY, FL 32707

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 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: BARBER FRANK P

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

S/T/

02/08/2006

\_\_\_\_\_  
Date