

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90015 015 ****61.25

DOCUMENT # N02000002429

1. Entity Name
LAKEVIEW PROFESSIONAL VILLAGE OF CORAL
SPRINGS ASSOCIATION, INC.



Principal Place of Business
C/O FLORIDA TRUST REALTY, INC.
210 N UNIVERSITY DR., STE. 200
CORAL SPRINGS, FL 33071

Mailing Address
C/O FLORIDA TRUST REALTY, INC.
210 N UNIVERSITY DR., STE. 200
CORAL SPRINGS, FL 33071



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006 Chg-NP CR2E037 (11/05)

4. FEI Number
01-0657753

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGENTI, ROBERT
C/O FLORIDA TRUST REALTY, INC.
210 N UNIVERSITY DR., STE. 200
CORAL SPRINGS, FL 33071

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME DE BRAGA, JOE
STREET ADDRESS 12450 W ATLANTIC BLVD.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE P ☒ Change ☐ Addition
NAME DE BRAGA, JOE
STREET ADDRESS 12450 W. ATLANTIC BLVD.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE P ☒ Delete
NAME BORZILLERI, THOMAS
STREET ADDRESS 12530 W ATLANTIC BLVD.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ST ☐ Change ☒ Addition
NAME MARK ERSKINE
STREET ADDRESS 12534 W. ATLANTIC BLVD.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ST ☐ Delete
NAME STUART, ANDREW
STREET ADDRESS 12530 W. ATLANTIC BLVD
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE VP ☒ Change ☐ Addition
NAME STUART, ANDREW
STREET ADDRESS 12530 W. ATLANTIC BLVD.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

954-340-3527

Daytime Phone #