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

DOCUMENT # N02000002429

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



Principal Place of Business

Mailing Address

C/O FLORIDA TRUST REALTY, INC. 210 N UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071		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.		03282006	Chg-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Numb 01-065		 	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	See 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 ac							and accept	
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent	and tale 4 applicable. (NOT	E: Registered Agent t	signature required when reinstating)	<u> </u>	DATE		
	Filing Fee is \$61.25 Due by May 1, 2006	•	9. Election Campaign Financing Trust Fund Contribution.		May Be Make check payable to to Florida Department of State			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CI	ANGES TO OFFICE	RS AND DIRECTORS IN	10	
TITLE	VP	☐ Delete	TITLE	P		Change	Addition	
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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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-341-3527

Daytime Phone #

FILED

Mar 30, 2006 8:00 am Secretary of State 03-30-2006 90015 015 ****61.25