
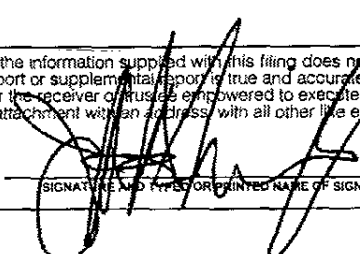


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

| | | |
|---|---|--|
| 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 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent ARGENTI, ROBERT C/O FLORIDA TRUST REALTY, INC. 210 N UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DE BRAGA, JOE 12450 W ATLANTIC BLVD. CORAL SPRINGS, FL 33071 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ERSKINE, MARK 12524 W ATLANTIC BLVD CORAL SPRINGS, FL 33071 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STUART, ANDREW 12530 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE 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:  | | Date: 3/13/07 Daytime Phone #: 954-753-8111 |



03072007 No Chg-NP CR2E037 (4/06)

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|---|--|
| 4. FEI Number 01-0857753 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

U00000670275
03/27/07-80103-014 61.25

**DO NOT WRITE
IN THIS SPACE**