


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 002 ****61.25

DOCUMENT # N04230 1. Entity Name LAKEVIEW INDUSTRIAL CONDOMINIUM ASSOCIATION, INC			
Principal Place of Business 908 NE 24TH LN. CAPE CORAL, FL 33909 US		Mailing Address PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US	
2. Principal Place of Business 908 NE 24TH LN. Suite, Apt. #, etc. Cape Coral City & State FLORIDA Zip 33909 Country USA		3. Mailing Address Hill Property MGT, INC Suite, Apt. #, etc. 4425 SE 8th Pl. City & State Cape Coral FL Zip 33904 Country USA	
6. Name and Address of Current Registered Agent CAMPBELL, PHILIP PROFESSIONALLY YOURS INC. 1342 SE 46TH LN #3 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Scott Hill Street Address (P.O. Box Number is Not Acceptable) 4425 SE 8th Place City Cape Coral FL Zip Code 33904	
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 <u>Scott Hill</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/3/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARMON, ROGER 3919 SE 21ST PLACE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TREBING, RALF 4537 DEL PRADO BLVD CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPP, MERTON 1431 SW 57TH STREET CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUSTICE, DOUGLAS 119 BAYSHORE DRIVE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLTEN, RAYMOND 4418 ORANGE GROVE BLVD. NORTH FORT MYERS, FL 339034907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	