

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04230

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: LAKEVIEW INDUSTRIAL CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

908 NE 24TH LN  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

HILL PROPERTY MGT INC  
4425 SE 8TH PLACE  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 65-0136009      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HILL, SCOTT  
4425 SE 8TH PLACE  
CAPE CORAL, FL 33904 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: PD ( ) Delete  
Name: HARMON, ROGER  
Address: 3919 SE 21ST PLACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: STD ( ) Delete  
Name: TREBING, RALF  
Address: 4537 DEL PRADO BLVD  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D ( ) Delete  
Name: KNAPP, MERTON  
Address: 1431 SW 57TH STREET  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D ( ) Delete  
Name: JUSTICE, DOUGLAS  
Address: 119 BAYSHORE DRIVE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VD ( ) Delete  
Name: BOLTEN, RAYMOND  
Address: 4418 ORANGE GROVE BLVD.  
City-St-Zip: NORTH FORT MYERS, FL 339034907 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: ROGER A. HARMON

PD

03/23/2009

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

\_\_\_\_\_  
Date