
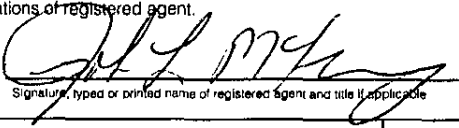
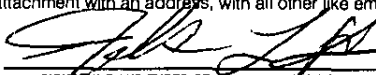


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000002049					
1. Entity Name LAKEVIEW CONDOMINIUMS OF DEERFIELD BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 900 CRYSTAL LAKE DR POMPANO BEACH, FL 33064			Mailing Address 900 CRYSTAL LAKE DR POMPANO BEACH, FL 33064		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 500 BEACON PROP MGMT Suite, Apt. #, etc. 500 NE SPANISH RIVER BLVD 18			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BOCA RATON FL		4. FEI Number 20-5177592	
Zip	Country	Zip 33431	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOESSLER, LEVIN 1086 S S MILITARY TRAIL DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name: JOHN L. MCKENZIE Street Address (P.O. Box Number is Not Acceptable): BEACON PROPERTY MGMT 500 NE SPANISH RIVER BLVD 18 City: BOCA RATON FL Zip Code: 33431		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 3/20/08	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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 KOESSLER, KEVIN 1086 S MILITARY TRAIL DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBUQUERQUE, ELVID 900 CRYSTAL LAKE DRIVE 1-B POMPANO BEACH FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOESSLER, KENNETH 147 ROYAL PALM DR FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANNUZZI, JULIO 900 CRYSTAL LAKE DRIVE 1-C POMPANO BEACH FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KERN, JOHN 1086 S MILITARY TRAIL DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIMA, WILLERD 900 CRYSTAL LAKE DRIVE 1-B POMPANO BEACH FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400161278684 10/02/09--01038--003 **297.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/20/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	

FILED
09 OCT -2 PM 2:13
STATE
SECRETARY OF STATE



03202008 REINSTATEMENT CR2E099 08-09