

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009505

FILED
Apr 15, 2009
Secretary of State

Entity Name: LAKEVIEW GARDENS CONDOMINIUM NO. 1 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1931 WEST LAKEVIEW BOULEVARD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

3602 BROADWAY
FORT MYERS, FL 33901

Current Mailing Address:

3602 BROADWAY AVE
FT. MYERS, FL 33901

New Mailing Address:

3602 BROADWAY
FORT MYERS, FL 33901

FEI Number: 65-0233019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROADWAY ASSOCIATION MANAGEMENT, LLC
3602 BROADWAY AVE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

CONDO & HOA LAW GROUP, LLC
2030 MCGREGOR BLVD
FORT MYERS, FL 33901 US

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: RICHARD DEBOEST

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCMICKEN, LINDA
Address: 1931 W LAKEVIEW BLVD 2
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP () Delete
Name: HART, FRODEJURN
Address: 1931 W LAKEVIEW BLVD 6
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ST (X) Delete
Name: JANSEN, CHARLENE
Address: 1931 W LAKEVIEW BLVD 3
City-St-Zip: NORTH FORT MYERS, FL 33903

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:

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: RICHARD DEBOEST

RA

04/15/2009

Electronic Signature of Signing Officer or Director

Date