


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N12970 1. Entity Name LAKEVIEW ESTATES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 14411 COMMERCE WAY STE 240 MIAMI LAKES, FL 33016 US	Mailing Address 14411 COMMERCE WAY STE 240 MIAMI LAKES, FL 33016 US
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2644477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZARATE, JORGE 14411 COMMERCE WA STE. 240 MIAMI LAKES, FL 33016

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000894878
04/24/08-80046-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ACOSTA, OLGA 1820 N.W 119TH ST. #302 MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POLLOCK, DIONNE 2000 NW 119TH ST #901 MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, HUBERT 1830 NW 119TH ST #401 MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEN, SUSSANE 1800 NW 119TH ST. #104 MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WILLIAMS, CARLESSA 2030 NW 119TH ST. #1222 MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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

Susanne Allen
Date

4/8/08 305-824-4672
Daytime Phone #