

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12970

FILED
Mar 31, 2009
Secretary of State

Entity Name: LAKEVIEW ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14411 COMMERCE WAY
STE 240
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

14411 COMMERCE WAY
STE 240
MIAMI LAKES, FL 33016 US

New Mailing Address:

FEI Number: 59-2644477 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ZARATE, JORGE
14411 COMMERCE WA
STE. 240
MIAMI LAKES, FL 33016 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: VP () Delete
Name: ACOSTA, OLGA
Address: 1820 N.W 119TH ST. #302
City-St-Zip: MIAMI, FL 33167

Title: S () Delete
Name: POLLOCK, DIONNE
Address: 2000 NW 119TH ST #901
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: WRIGHT, HUBERT
Address: 1830 NW 119TH ST #401
City-St-Zip: MIAMI, FL 33167

Title: P () Delete
Name: ALLEN, SUSSANE
Address: 1800 NW 119TH ST. #104
City-St-Zip: MIAMI, FL 33167

Title: TD () Delete
Name: WILLIAMS, CARLESSA
Address: 2030 NW 119TH ST. #1222
City-St-Zip: MIAMI, FL 33167

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: WILCOX, TEMA
Address: 2000 NW 119TH STREET #923
City-St-Zip: MIAMI, FL 33167

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: ALLEN SUSSANE

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date