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FILED

2001 ÜNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

Feb 15, 2001 8:00 am DOCUMENT # N31408 **Secretary of State** 1. Entity Name 01-17-2001 90081 041 ****61.25 LAKEVIEW TOWNHOMES HOMEOWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address 740 SE 1 WAY 740 SE 1 WAY 51320 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-3052682 Not Applicable Country Ζiρ Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AVERY, JANET 740 SE 1 WAY 105 Zip Code DEERFIELD BEACH FL 33441 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees ___ Department of State_ FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MILE Change ☐ Addition TITLE Defete NAME NAME avery, Janet STREET ADDRESS 740 SE 1 WAY #105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL PRESIDENT + TRESUNER Addition TITLE TITLE 物 PD ☐ Delete ADAMCHAK NAME NAME ADAMCHAK, RITA PD STREET ADDRESS STREET ADDRESS 740 SE 1 WAY 115 CITY-ST-ZE CITY-ST-ZIP DEERFIELD BEACH FL Change Addition TITLE . Relete TITLE RUNES, KAREN 740 SE 1 ST WAY 109 NAME NAME STREET ADDRESS STREET ADDRESS · 0705 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.