2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003048

Apr 21, 2011 Secretary of State

Entity Name: LAKEVIEW TOWNHOMES AT UNIVERSITY PARK ASSOCIATION, PARCEL 11, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O ALLIED PROPERTY MANAGEMENT GROUP INC. 1711 WORTHINGTON ROAD, SUITE 103

1711 WORTHINGTON ROAD, SUITE 103

WEST PALM BEACH, FL 33409

WEST PALM BEACH, FL 33409

Current Mailing Address:

New Mailing Address:

C/O ALLIED PROPERTY MANAGEMENT GROUP INC.

Name and Address of Current Registered Agent:

C/O ALLIED PROPERTY MANAGEMENT GROUP INC. 1711 WORTHINGTON ROAD, SUITE 103

C/O ALLIED PROPERTY MANAGEMENT GROUP INC.

1711 WORTHINGTON ROAD, SUITE 103 WEST PALM BEACH, FL 33409

WEST PALM BEACH, FL 33409

FEI Number: 65-0562560

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of New Registered Agent:

THE FRYDMAN LAW GROUP, PLLC 3389 WEST SHERIDAN STREET HOLLYWOOD, FL 330213606 US

THE FRYDMAN LAW GROUP, PLLC 100 S. PINE ISLAND ROAD

STE 120

PLANTATION, FL 33324 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: THE FRYDMAN LAW GROUP, PLLC

04/21/2011

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

WALTERS, LINDA Name:

1711 WORTHINGTON RD SUITE 103 Address: City-St-Zip: WEST PALM BEACH, FL 33409 US

Title:

Name: WHITE, LINDA

Address: 1711 WORTHINGTON RD SUITE 103 City-St-Zip: WEST PALM BEACH, FL 33409 US

Title:

PEARSON, NORMA Name:

1711 WORTHINGTON RD SUITE 103 Address: City-St-Zip: WEST PALM BEACH, FL 33409 US

Title:

Name: ROSA, MANUEL

1711 WORTHINGTON RD SUITE 103 Address: City-St-Zip: WEST PALM BEACH, FL 33409 US

I hereby 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 all other like empowered.

SIGNATURE: WALTERS LINDA

PD

04/21/2011