

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90055 033 ****61.25

DOCUMENT # N98000002470 1. Entity Name LAKEVIEW OFFICE PARK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 333 S TAMiami TRL STE 101 VENICE, FL 34285			Mailing Address 333 S TAMiami TRL STE 101 VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03152007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0831978	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 333 S TAMiami TRL STE 101 VENICE, FL 34285			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, MICHAEL W 333 S TAMiami TRAIL STE 101 VENICE, FL 34285	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARRISH, JAYNE E 333 S TAMiami TRAIL STE 101 VENICE, FL 34285	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD. CONDIT, CLIFF 333 S TAMiami TRL, STE 101 VENICE, FL 34285	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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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:		4/30/07		941-441-1380	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	