
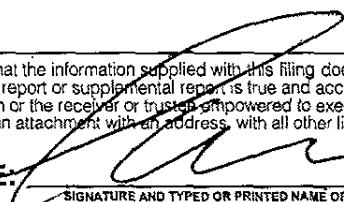


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002852		
1. Entity Name LAKEVIEW CENTER PROPERTY OWNERS' ASSOCIATION, INC.		
Principal Place of Business 1402 ROYAL PALM BEACH BLVD #300-A ROYAL PALM BEACH, FL 33411	Mailing Address 1402 ROYAL PALM BEACH BLVD #300-A ROYAL PALM BEACH, FL 33411	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEYENDECKER, THOMAS J 1402 ROYAL PALM BEACH BLVD #300-A ROYAL PALM BEACH, FL 33411		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEYENDECKER, THOMAS J 1402 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LEYENDECKER, TIMOTHY 1402 ROYAL PALM BEACH BLVD #300-A ROYAL PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MINNS, MYLES 1402 ROYAL PALM BEACH BLVD #300-A ROYAL PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SWANSON, DENISE 1402 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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		President 1/27/06 761-722-9250 Date Daytime Phone #



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number **56-2287847** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

1000000400245
02/08/06-80087-021 150.00

**DO NOT WRITE
IN THIS SPACE**