2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N98000002852

1. Entity Name LAKEVIEW CENTER PROPERTY OWNERS' ASSOCIATION INC.



ASSOCIATION, INC.				THE STATE OF THE S	′	-00			
1402 ROYAL PALM BEACH BLVD 1402 #300-A #300			Address ROYAL PALM BEACH BLVD I-A L PALM BEACH, FL 33411		40033508				
Principal Place of Business - No P.O. Box # 3. Mai			ailing Address						
Suite, Apt. #, etc.		Suite,	Apt. #, etc.		01232007 Ch	g-NP CR2E037	7 (12/06)		
City & State		City 8	State		4. FEI Number 56-2287847	- 		plied For	
Zip	Country			Country			8.75 Add		
·····	6. Name and Address of Current	Registered	Agent		7. Name and Addr	ess of New Registered A	•	-	
o. Hallo and Address of Sall office (agree) or Agent				Name					
LEYENDECKER, THOMAS J 1402 ROYAL PALM BEACH BLVD #300-A				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
ROYAL PALM BEACH; FL 33411				City	City FL Zip Code				
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agen			pistered office of regis		he State of Florida. I am fa	miliar with,	and accept	
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 Florida Departi			
10.	OFFICERS AND DI	RECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEYENDECKER, THOMAS J 1402 ROYAL PALM BEACH BLY ROYAL PALM BEACH, FL 3341	√D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEYENDECKER, TIMOTHY 1402 ROYAL PALM BEACH BLY ROYAL PALM BEACH, FL 3341		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINNS, MYLES 1402 ROYAL PALM BEACH BLY ROYAL PALM BEACH, FL 334		□ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWANSON, DENISE 1402 ROYAL PALM BEACH BLV ROYAL PALM BEACH, FL 334*		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Charige	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Change	Addition	

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 of trusted 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 Thomas J. Leyendecker

061-122-925D

FILED

Mar 12, 2007 8:00 am Secretary of State 03-12-2007 90094 019 ***150.00