2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000002852

FILED Apr 16, 2008 8:00 am Secretary of State

04-16-2008 90041 013 ****61.25

1. Entity Name LAKEVIEW CENTER PROPERTY OWNERS' ASSOCIATION, INC.												
1402 ROYAL PALM BEACH BLVD 1402 #300-A #300-		#300-A	ROYAL PALM BEACH BLVD -A			60025114						
			ROYAL PALM BEACH, F 3. Mailing Address	L 3341	1							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				02142008	Chg-NP	CR2E	037 (12/06)			
City & State		City & State			4. FEI Number 56-2287	847			oplied For ot Applicable			
Zip	p Country		Zip C		intry	fry 5. Certi		f Status Desired		\$8.75 Add Fee Require	ditional ed	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
LEYENDECKER, THOMAS J					Namo BRIAN C. PHEAUT							
#300-A BOYAL PALM BEACH EL 22444						Street Address (P.O. Box Number is Not Acceptable) 1402 Roya (Paum Beach BLYD: City Roya Paum Beach FL Zip Code					 .	
ROYAL PALM BEACH, FL 33411				1402 City 2			Par ma	ROOCH H	FI	Zip Cod	e -	
8. The above	named entity	y submits this statement for the	ne purpose of changing its	registere	ed office or re	registere	ed agent, or both	in the State of Flo	orida. Larr	n familiar with,	and accept	
the obligat	tions of regist	ter#10 agent.							. ,			
SIGNATURE		La C	BRIGH	C.	RHE	7900	\mathcal{T}	41	11/0	00		
	Signature, typed	or printed name of registered/agent and	title if anokeable /NOTI	- Dt								
				e: Hegistered	d Agent signature	e required	when reinstating)		DATE			
	_	e is \$61.25 fay 1, 2008	9. Election Can Trust Fund C	npaign F	inancing _		\$5.00 May Be Added to Fees	Flori	lda Depa	k payable t	tate	
10.	Due by M	e is \$61.25	9. Election Can Trust Fund C	npaign Fi Contributi	inancing ion. [\$5.00 May Be Added to Fees DDITIONS/CHAP		lda Depa	rtment of S	tate	
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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 a faddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

50/-686-3640 Daytime Phone •