

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000002852

FILED
Oct 19, 2009
Secretary of State

Entity Name: LAKEVIEW CENTER PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1402 ROYAL PALM BEACH BLVD
#300-A
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1402 ROYAL PALM BEACH BLVD
#300-A
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 56-2287847 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RHEAULT, BRIAN
1402 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411 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: BRIAN RHEAULT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RHEAULT, BRIAN
Address: 1402 ROYAL PALM BEACH BLVD.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP () Delete
Name: GILLETLE, DONA
Address: 1402 ROYAL PALM BEACH BLVD.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T () Delete
Name: FARONI, ROSE
Address: 1402 ROYAL PALM BEACH BLVD
City-St-Zip: ROYAL BEACH, FL 33411

Title: S () Delete
Name: KAUANAGH, PAT
Address: 1402 ROYAL PALM BEACH BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FARONI, ROSE
Address: 1402 ROYAL PALM BEACH BLVD
City-St-Zip: ROYAL BEACH, FL 33411

Title: S (X) Change () Addition
Name: KAVANAGH, PAT
Address: 1402 ROYAL PALM BEACH BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSE FARONI

T

10/19/2009

Electronic Signature of Signing Officer or Director

Date