

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000001868

1. Entity Name

LAKEVIEW POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1891 PORTER LAKE DR
SARASOTA, FL 34240

Mailing Address

4411 BEE RIDGE ROAD #482
SARASOTA, FL 34233



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0916002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIFFLEY, PATRICK
1891 PORTER LAKE DR. #106
SARASOTA, FL 34240

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIFFLEY, PATRICK
STREET ADDRESS	4411 BEE RIDGE ROAD #482
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	TD
NAME	WRIGHT, DEBRA
STREET ADDRESS	4411 BEE RIDGE ROAD #482
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	VSD
NAME	RUBIN, DAVID
STREET ADDRESS	4411 BEE RIDGE ROAD #482
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80045-010 61.25

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IN THIS SPACE**

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:

Debra Wright Debra Wright

Date

1/9/2008

Daytime Phone #

941/228-1193