

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001868

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** LAKEVIEW POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1891 PORTER LAKE DR  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

4411 BEE RIDGE ROAD #482  
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number:** 65-0916002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DIFFLEY, PATRICK  
Address: 4411 BEE RIDGE ROAD #482  
City-St-Zip: SARASOTA, FL 34233

Title: TD ( ) Delete  
Name: WRIGHT, DEBRA  
Address: 4411 BEE RIDGE ROAD #482  
City-St-Zip: SARASOTA, FL 34233

Title: VSD ( ) Delete  
Name: RUBIN, DAVID  
Address: 4411 BEE RIDGE ROAD #482  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: DEBRA WRIGHT

TD

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date